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ABSTRACT

The basic linkage service of an information and Referral (I and R) center is discussed in this manual. By itself, information-giving can be very important. It helps make people in a community more aware of the services available to them, and it can go a long way toward making their lives healthier and happier. In addition, if records are properly kept, this basic I and R service can provide important statistical information about the kinds of problems people have and the extent of their occurrence, plus valuable information about the ability of the community to cope with these problems. For the community, the I and R center is an access point and an entryway to a large and complicated service network. It is also a point at which feedback is available concerning how well the needs of people are being met. Topics under consideration include: (1) interviewing and information-giving; (2) using the resource file; and (3) knowing what referral is, and when it should be used. "Caller Interview" and referral forms are also discussed. (Author/PC)

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INFORMATION-GIVING AND REFERRAL

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CHAPTER 1: Interviewing and Information-Giving*

Definition and Purpose of Interviewing

Interviewing may be defined as a two-way conversation for the purpose of giving and receiving information. In an I & R center, the interview takes place between a caller (usually a telephone caller, but a person may "call" on the center in person, too) and an I & R specialist, or interviewer. The purpose of the interview in this context is to determine the nature of the caller's problem(s). The interviewer then uses this information, and the information contained in the center's resource file, to link the caller with service providers who may help to solve his problem(s).

It is not always easy to define the caller's problem. People who seek information are sometimes unable to describe their problem clearly. They may not be sure exactly what they want to know, or they may be troubled but unsure of what is really bothering them. They may know what their problems are, but be reluctant to face up to them. It is up to you, the interviewer, to draw this information out of the caller. This requires that you have a basic understanding of people as well as certain skills which are very important for interviewing effectively.

Understanding People

Basic to good interviewing is an understanding of human behavior. Such an understanding will help you to be sensitive to what people are saying--not just to their words, but to what they are <u>really</u> trying to tell you--and to people's needs and feelings.

<u>Needs</u>. People are very much alike in some ways, and very different in other ways. For instance, all of us need food, clothing, and shelter; we need safety and security; we need to be recognized as persons in our own right; we need self-esteem; and we need to find some meaning in life. These needs are sometimes called "common human needs."

*Parts of this chapter are taken from the following source document: Cushing, M. and Long, N., <u>Information and Referral Services: Reaching Out</u>. Minneapolis: InterStudy, 1973.

Though all of us share many of the same needs, we differ from one another in the degree of intensity with which each of us feels these needs. For example, it may be more important to some people to work among people they like than it is for others who might consider salary and status more important. Similarly, it may be more important to some older people to live independently in their own households than it is for others who may not object to being cared for by their children or other relatives. In between these extremes, of course, there are all degrees of shadings, depending on the person and the situation. This is why each interview is unique: no person is just the same as any other.

Feelings. Also important to understanding human behavior is an awareness and understanding of the part that feelings play in our lives. Indeed, you may find that feeling and emotion often seem to predominate over reason and logic in much of our everyday discourse and activities. We are all much more likely, for example, to accept suggestions or criticisms from someone we like and respect than from someone we don't. Often we are attracted to or repulsed by people we hardly know--for reasons that may be unknown to us. This is not to say that thought and reason do not count, or do not influence the way we feel; often a piece of information or new knowledge does help to change our feelings. However, neither we nor anyone else can rationally determine how we should feel. We feel the way we feel.

Not only can we not determine or will our feelings, but feelings that we are able to control in normal circumstances can become more difficult to manage during times of change and upset. This is especially important to remember while interviewing at an I & R center. By its very nature, the center is designed to serve people who are in changing or upsetting situations. Callers may include, for example, people who are faced with retirement and are unprepared for it, people who are in serious financial difficulties due to illness or unemployment, or people who have

just experienced the death of a husband, wife, or other close relative or friend. People undergoing such problems or crises may be stricken with grief, fear, loneliness, or despair.

Frequently, more than one feeling is experienced at the same time, and one feeling may conflict with another. When this happens we sometimes call a person "ambivalent" or "conflicted." For example, an older person may say he wants to be independent and yet be demanding of other people's time, attention, and care. Or we may like a friend but not like certain things about him, or like him sometimes and not at other times. Or we may want to be recognized as individuals, but at the same time want to be part of the lives of others. This is the way people are. Feelings may dominate reason at times, and those feelings may conflict among themselves.

Understanding Yourself

What you have learned about human needs and feelings should be applied not only to the caller you are interviewing, but also to yourself. This knowledge can help you to understand and control your behavior and feelings in an interview situation. You must become aware of yourself in ways you may not have done before. Take a good look at yourself.

How did you react, for example, when Mr. M. shouted at you in anger over the phone to say that he couldn't get along on his Social Security check? Did you begin to panic and offer apologies and excuses for reasons you were not quite sure about? Or did you quietly listen to Mr. M., understanding his anger, knowing that it was not directed at you personally? And then did you try to help him unravel his problem in order to find out how or if the center could help him?

How do you answer the phone when it rings? Do you sound hurried, even though the reason you are at the center is to answer the phone and talk to people? And what do you do when some-

one comes to the office when you are on the phone, or writing a report, or taking care of the many other things you have to do? Do you let him know by a word, a nod of the head, a smile, or some other gesture, that you have seen him and will be with him in a moment? Or do you let him wait unnoticed until you are ready to talk to him?

How did you respond when Mrs. X. didn't accept the information you gave her about other possible living arrangements she could make. You may have listened to her complain long and bitterly about her daughter with whom she is now living. Did you become irritated and impatient and tell her what you thought would be best for her? What went through your mind and what did you say when Mr. D. told you that the woman with whom he had lived for many years, but to whom he was not married, has left him and now he needs a housekeeper? Did you accept Mr. D.'s statement as a matter of fact, or did you try to pry further and pass judgment on his behavior? It is this kind of looking at yourself that is essential to develop the kind of self-discipline, objectivity, and sensitivity needed for your job of linking people to the services they need. It will go a long way in making people feel comfortable in using your I & R center.

Interviewing Skills

Underlying all effective interviewing is a commitment to people and to the notion of the dignity, worth, and importance of each individual person. If you are so committed, much of what goes into good interviewing will come to you naturally. You will almost intuitively sense that what a person tells you about himself is not to be shared with others unless he gives you his permission to do so. You will respect his right to decide for himself what he wants to do (provided he is not harmful to himself or others), which means, of course, that you will not impose your views on him. You also will be attentive and responsive to what

he says and asks and take his feelings into account with a smile, a word, a nod, or a pause to let him know that you hear his pain, his anger, his grief, his happiness without probing into his feelings or necessarily dealing with them directly.

Personal counseling, after all, is not the business of an I & R center. It is the I & R center's business to link people to the services they need, not to duplicate the services of other agencies. The important point is that if you truly believe people are important and that each person is uniquely important this will come through in:

- the attentiveness with which you listen
- the sensitivity with which you ask questions
- the respect with which you treat confidences
- the restraint you use in imposing your views on others
- the care you take to avoid disappointments and uneasiness based on glib and ill-founded statements and promises.

Establishing the Caller's Confidence. As you gain experience in interviewing, you will probably notice that people often are uneasy and unsure of themselves, especially at the beginning of an interview. Not only may many people contacting the center be experiencing significant problems, but they also do not know you. Many have never gone outside their own families or circles of friends to find help for their problems. Some may feel they are too poor or too well-off to be using the center. And part of the discomfort may be related to the mix of feelings that was discussed earlier.

This means that at the beginning of an interview you may have to spend some time putting fears and apprehensions to rest. This first step must be taken before you can get to the business of providing information to people about services and resources they want or need. In all phases of interviewing, the warmth of

your voice, the words you use, and the interest you convey are important. This is especially true at the beginning, because the relationship you establish affects everything which follows.

In some cases, you will probably have to explain the purpose of the center--what it is set up to do and for whom. In order to avoid misunderstandings, you may also have to clarify what the center cannot do. For example, it cannot counsel on personal problems; it cannot provide medical services; it cannot provide financial assistance or determine eligibility for it; nor can it provide homemaker service. You can explain that what it can do is provide access to these services, and one of the ways of doing this is to give information about the service.

Give the person a chance to ask questions and make comments. Do not rush him. Remember that the more comfortable the caller feels and the better he understands the center's role, the more likely it is that he will be able to explain his problems and needs clearly. And, thus, the more likely it is that you will be able to link him effectively to the services he needs.

Good Listening Pays Off. One of the most important things in talking to another person is "being a good listener." Being a good listener means that your concern for what the person is telling you is shown to him by your concentration on what he is saying and your response to what he tells you. Different "good listeners" indicate their listening in different ways. In an in-person interview, maintaining eye contact is one way of indicating interest. In any interview situation, you might convey your concern by making sympathetic remarks in response to the caller's statements. Even such simple remarks as "uh huh" or "I understand" can let people know that you are listening to what they say.

Try to think of people you know who you feel are "good listeners." What do they do which makes them seem so? You might also try to think of people you feel are not good listeners.

What is it that they do which makes you feel that way? Examining the way others act may help you to discover useful behaviors and to avoid bad ones. But most important of all in conveying the impression of being a good listener is to be a good listener. If you listen carefully and with interest and concern to what a person is saying, the appropriate techniques will come naturally.

Looking Beneath the Surface. Perhaps the biggest job in interviewing is learning to "look beneath the surface." Sometimes you may notice that a person has a more basic problem than the one he is telling you about. Perhaps he doesn't perceive the more basic problem or doesn't want to face up to it. Or perhaps he thinks it cannot be solved, so he concentrates on more pressing "smaller" problems. You must concern yourself not only with the most pressing problem or the problems which the person tells you about, but also with those problems which may be more basic. For example, you might assist a person in need of food by telling him that he may obtain an emergency food order from the relief department. But what will he do when that food runs out? Will he have the same problem again? Perhaps he needs ongoing financial assistance. Or maybe he needs help in budgeting his money more reasonably.

These are the kinds of things you should look for. Many people have frequent emergencies because they have unsolved problems which keep causing crises. If you can help to solve the more basic problem you are indeed doing your job well.

However, if a person chooses not to recognize or deal with his more basic problem, you will have to accept whatever he wants to tell you about his problems at face value. In some instances (see below), you may ask gentle, tactful questions aimed at uncovering a more basic problem. But if the person seems unwilling to answer, you should not continue your attempt. You must not pry; you must respect the person's privacy.

Whether or not you attempt to uncover a more basic problem may depend on the nature of the problem the person presents. The

more personal and sensitive the problem, the more careful you should be. For example, in the case of the person who said he needs food (presented above), you may ask whether continuing assistance might be needed, or whether emergency relief this one time is likely to be all that is necessary. Such a question is unlikely to offend the caller, and it may be very useful in finding a good solution to his problem. But if a man calls and says he is fighting frequently with his wife, your job is not to try to discover the underlying problem, but rather to provide the man with information about services which might be helpful in doing so (e.g., marriage counseling). Probing in such cases is the job of the appropriate facility, not the I & R center.

The difficult thing about looking below the surface is to know when to stop (as well as when to start). That is, in many instances there may be no problem more "basic" than the one initially presented. This is sometimes hard to know without asking a few questions more. But sometimes, the person who calls may feel you are not going to help him unless he goes along with your questions. So he may agree that he has more problems than the one he first stated. Thus, in looking below the surface, you may cause the caller to feel that his problem wasn't "good enough" and that he should not have called the center for help. The important thing is to make the caller feel that you are interested in him and accept him. Even if you don't get to a more basic problem in your first contact, if the caller feels comfortable with your service, he will probably call back again. He may now be better prepared to let you explore below the surface. Experience and review of your interviews with your colleagues will be of much help in this aspect of interviewing.

Let the Person Decide for Himself. In asking the caller questions and responding to him, it is important not to lead him into a particular answer. Frequently, in relating to others, people are eager to please. The caller may give an answer or make

a decision based on a desire to please you rather than on his needs and preferences alone. For example, assume you are talking to a woman who needs clothing. You might think right away of an organization which purchases clothing for those in need. If you suggest this, the woman may say that this is fine with her. But perhaps, if asked for her own ideas on solving her problem, the woman would have chosen to have someone give her material or money for material so she could sew her own clothes. Thus, in order to provide people with what they really want, it may be useful to ask them for their suggestions for solving their problems, or, if possible, to give them a choice between several available solutions.

Information-Giving

Information-giving is part of the interactional process of interviewing. The same general principles apply for information-giving as for interviewing. The same personal qualities needed for interviewing are needed for information-giving. It is all part of the same package. However, a few additional comments on things to keep in mind in the information-giving part of the process may be useful.

Knowing Enough About the Person's Problem. Because the purpose of the I & R center is to link people to whatever community resources, services, or facilities they need, you will have to know enough about the person's problem to know which of these services is most relevant to it. You already learned in conducting the community resource survey that there are a number of service providers in the community, some offering similar services, and that each has its own set of rules and objectives. This means that you must know enough about the person's situation to link him to the resource which is most likely to solve his problem in a satisfactory manner.

For example, if an older man calls and says that he cannot make ends meet, you will have to help him describe his problem in

greater detail in order for you to know what resource you should tell him about. Does he mean that he cannot pay his rent and goes without food month after month? Or does he mean that since his retirement he has had to cut back on his former standard of living and can no longer afford to pay for items such as magazines and organizational membership dues? Once you have determined the specific nature of his problem, you may want to probe further to see if he is receiving or might be entitled to receive a monthly cash payment from any one of a number of income-granting sources, or if he might be interested in post-retirement counseling.

Take another example. When a middle-aged daughter calls to say that she can no longer manage the constant care of her bedridden mother and has to have help, what is she really saying besides conveying the impression that she is tired and maybe resentful about being burdened with the care of her mother. What kind of help is she thinking about? Is she thinking about nursing home care for her mother, visiting nurse services, or homemaker services? Indeed, she may not know that these various community services exist. Or might she want to talk with someone about her feelings regarding the responsibility her mother's illness has imposed upon her? Or the lack of support her brothers and sisters have given? Information from the resource file will be helpful in locating the resource best suited to her and her mother's needs, providing you know what she really is seeking.

Confidentiality. In addition to respecting the caller's privacy in the course of determining his problem, you must remember that anything he tells you is completely confidential. You must not talk about it with anyone without his permission. You may call a facility or consultant to ask a general question about his problem, but, if you have not received his permission to do so, you may not identify the caller. Thus, if you wish to call a facility or practitioner previously contacted by the caller to discuss his problem or the service he has already been given, you must obtain the caller's permission to do so.

Knowing the Resource File. Just a word about the resource file in information-giving. The more familiar you are with it, the more efficient you will be in exploring with the person what you need to know in order to find the resource or resources most relevant to his problem. This is very important. It is almost impossible to list or to second guess all the questions that you will need to ask in order to provide a person the information he needs about specific resources. The service you provide literally depends on your knowledge of community resources and your ability to use the resource file efficiently. This cannot be emphasized enough. (See Chapter 3 for a review of how to use the resource file.)

Giving Information that Is Useful and Relevant to the Person. In addition to learning enough about the person's problem to enable you to provide him with information about a particular community resource, it is also important to keep in mind that you should provide the person with only that information which is useful and relevant to him. In other words, if a person calls with what seems to be a health problem, and you have told him about a health clinic in his neighborhood, it is not helpful to tell him about the difficulties the clinic has had with its advisory committee or medical director. All he needs and probably wants to know is where he can go to get the medical attention he requires. Additional, irrelevant information may only confuse or frighten him. If the clinic near his home can provide the service, that is all that he needs to know. The rest is just so much conversation that benefits no one.

Do remember to give the caller all of the information he needs to get in touch with a facility. This generally should include:

- the name of the facility
- the address of the facility
- the phone number of the facility
- the name of a specific person to contact at the facility
- information on how to get there (if the caller doesn't already know).

Making Sure People Understand. Again, as you gain experience in information-giving and interviewing, you may sometimes find that you are not getting your point across to the person with whom you are talking. This may occur for a number of reasons. The information may be new to him. Some of it may be complicated. He may be preoccupied or disturbed about something and not really be listening to you. Perhaps he is hard-of-hearing, yet embarrassed to tell you. Perhaps he cannot understand English well, or there may be too much noise in the room or static on the phone. Whatever the case, it is important for you to find ways to help the person understand what you are trying to tell him.

Sometimes you may have to rephrase your words, finding words that ring a bell or have meaning to a particular person. If you suspect that the person is hard-of-hearing, you may have to take special pains to speak slowly, distinctly, and directly to him or into the phone. You may even have to resort to written communication with him. If the center is to fulfill its mission of linking people to services, it is not enough simply to give information. You must also be sure that people understand it.

Avoid Personal Advice or Involvement. It is important to refrain from giving people personal advice. For example, a caller may tell you of a medical problem which a friend of yours may also have had. It might be very tempting to tell him that your friend took a particular medicine or did something else which helped him with the problem. However, you must not do this. Personal advice must not be substituted for professional advice, such as that of a doctor.

It is also important not to be come too personally involved with people who call. While you have been encouraged to make the person feel comfortable--to be concerned and understanding-- you want to remember that you are not the solution to the person's problem. You are, rather, a means of helping a person to receive the kinds of services he needs.

For example, if a person needs new clothes, it is your job to refer him to an agency which deals with that matter, even though you might have clothes of your own which you do not need and might fill his needs. Or, if a person just wants someone to talk to, you should refer him to a resource which provides such service rather than spending a great deal of time chatting with the person yourself.

If you spend considerable time with a few callers, you will not be able to help the many people who need your service. In addition, one of the objectives of the I & R center is to point out to the community the kinds of unmet needs which people have and to encourage the community to provide services for those needs. If you yourself end up providing these services, you will ultimately be doing the community a disservice.

When People Get Angry. You should be able to deal with anger, frustration, and annoyance when you encounter them. These are common reactions which you are likely to meet. Often you will not be at fault, but sometimes you may be. When you are not at fault, it is important for you to listen to the person and to try to understand what he is saying. Sometimes he may not have understood what you told him, or he may have been mistaken about a particular facility's policy. Maybe he was rebuffed; perhaps he is in a bad mood or is always difficult. Whatever the reason, he is unhappy.

If the error was yours, the only thing you can do is acknowledge it, apologize, and try to correct it. If the error was his, the only thing you can do is to explain and help him correct his mistake. But do so in a way that does not embarrass or degrade him. If the problem seems to rest with the facility to which he went for help, either because of its policies or because of a person in the facility, you may want to consider twice before taking sides at that particular moment. You should certainly take the opportunity to explore the validity of the inquirer's anger and complaint.

The important point is that you will have to deal with anger, annoyance, and frustration as part of your daily job. This can be emotionally exhausting. You should be prepared to meet such encounters armed with an understanding of human behavior and knowledge about how such situations affect you. This will help to lessen the strain that these kinds of situations impose upon you, and help you to deal more effectively with the person's anger.

Reflecting Feelings. A useful technique for handling anger--and many other feelings such as sadness, guilt, shame, and even happiness--is to tell the person with whom you are talking that it "sounds like" he is angry. If he denies that he is angry, you may respond that you are just letting him know how he comes across to you. You may add that under those circumstances you could certainly understand how someone might feel angry (sad, happy, etc.).

Through this technique you often can shift the focus of the interview away from complicated arguments (which neither you nor the caller can settle immediately). You can help the caller ventilate his feelings and accept the fact that he has such feelings. This in turn will help the caller get hold of himself. He will then be better prepared to accept and use the help that you may have to offer him.

If the person refuses to accept or admit (to you or himself) that he has such feelings, this technique provides a relatively comfortable situation for both parties to drop the matter. You may simply say, "I must have made a mistake, but thought I should check with you about how you felt."

Ending the Interview. Like all interviews, the interview in an I & R center comes to an end when the purpose of the interview has been fulfilled for both parties. This is when you have explored the details of a person's problem fully enough to be able to provide him with the information he needs about the community service most relevant to his problem. When the problem has been

determined and the information given, it is time for you to go on to attend to other people. With some people, this may not be easy. A tactful comment to let the person know you were happy to be of help, if you were helpful, should be sufficient to indicate that the interview is over. If you were not helpful, a similar comment indicating that you were sorry you could not be more helpful should suggest the interview is over. (The process of interviewing and information-giving is outlined in the Appendix.)

CHAPTER 2: The Caller Interview Form

The Caller Interview Form (Figure 1) was developed for use by the Wisconsin Information Service. It is one component of a comprehensive information system for a network of information and referral centers.* It is described in detail here to provide an example of a record-keeping device for an I & R service. The basic ideas behind this form could be adapted to other I & R systems, depending on the needs and program objectives of the specific system.

The Caller Interview Form (CIF) was designed to accomplish several goals:

1. The first two pages (Sections A & B) are to serve as a "scratch pad" for each call the center receives.
2. The third page (Sections C, D, and E) contains space to record information necessary for a statistical analysis of center activities.
3. The last page (Sections F, G, H, and I) contains space to record information necessary for certain research questions concerning the functions and processes of an I & R center.

How to Fill Out a Caller Interview Form

A Caller Interview Form must be filled out for every call the I & R center receives. This form has been designed for convenience in the delivery of service as well as for precision in the collection of research data. This chapter is intended to explain how to complete each item on the form and to clarify questions that may arise in its use.

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*_Information and Referral Services: Evaluation Design for a Network Demonstration._ Minneapolis: InterStudy (in preparation).

FIGURE 1: Caller Interview Form*

*The four pages presented here are in actual use printed on both sides of one 11" x 17" sheet of heavy paper, folded in half and perforated on the fold so that Sections A and B can be removed from the remaining sections.

CALLER INTERVIEW FORM

A

Caller's name: _____ Phone _____ – _____
(Area Code) (Number)

Address: _____ _____
(Street) (Town)

_____ _____
(City) (State) (Zip Code) (County)

If caller is acting on the behalf of someone else who is the actual client, be sure to obtain the client's name and address also:

Is caller same as client? ☐ Yes ☐ No (If no, fill in client's name and address below)

Client's name: _____ Phone _____ – _____
(Area Code) (Number)

Address: _____ _____
(Street) (Town)

_____ _____
(City) (State) (Zip Code) (County)

Is client's address: ☐ Permanent ☐ Temporary

I & R User Survey to be mailed? ☐ No ☐ Yes _____
(date)

Referral Form mailed? ☐ No ☐ Yes _____
(date)

B **Problems Presented** (Use for notes)
(Be sure to list in Section D the code numbers for Problem/Service Intersections identified.)

Previous or present facility contacts, if relevant:

Facility (if applicable)	Name of Contact	Phone

Do not write below this line.

Research Follow-up:

Research Aide: _____

All forms completed? ☐ No ☐ Yes

If no, explain: _____

_____

_____

_____

_____

_____

_____

Date sent to keypuncher: _____

Dates of telephone contacts/notes:

CALLER INTERVIEW FORM

CARD/FORM IDENTIFICATION 1 [1] 2-3 [0][1]

FORM NUMBER 4-10 [0][ ][ ][ ][ ][ ]

KEYPUNCH OPERATOR [ ] = 1

C

1 Day: 11 [ ]
1 = Monday 4 = Thursday
2 = Tuesday 5 = Friday 7 = Sunday
3 = Wednesday 6 = Saturday

2 Date: 12-17 [ ][ ] / [ ][ ] / [ ][ ]
mo. day year

3 Time: 18-21 [ ][ ][ ][ ] 22 ☐ a.m. 23 ☐ p.m.

4 Initial contact by: 24 [ ]
1 = Phone 4 = Outreach
2 = Mail 5 = Answering service
3 = Walk-in 6 = Other (specify) _____

5 If by phone: 25 [ ]
1 = Local 2 = Long distance

6 Geocode (Leave blank): 35-71

State	County	M C D	Place	Tract Basic	Tract Suf	Congr Dist	Enumeration District (Basic)	Urbanized Area	S M S A	Zip Code

7 Private individual? 1 = Yes 2 = No 26 [ ]
For whom?
1 = For self 2 = For someone else 27 [ ]

8 Facility? 28 [ ]
1 = No
If yes, for:
2 = An individual 4 = Other reason (specify) _____
3 = Information for the facility 5 = Escort/transportation only
Facility name: _____
Facility number: (Leave blank) 29-34 [ ][ ]-[ ][ ][ ][ ]

CARD 2

D

P/S Codes (List separately)	Facility Numbers (List separately)	Action(s) Taken (Mark boxes appropriately) I[a]	R[b]	F[c]	E[d]	T[d]	None[e] (Explain)	Notes
11-16 [ ][ ]-[ ][ ]-[ ][ ]	17-22 [ ][ ]-[ ][ ][ ][ ]	23 ☐	24 ☐	25 ☐	26 ☐	27 ☐	28 ☐	_____
29-34 [ ][ ]-[ ][ ]-[ ][ ]	35-40 [ ][ ]-[ ][ ][ ][ ]	41 ☐	42 ☐	43 ☐	44 ☐	45 ☐	46 ☐	_____
47-52 [ ][ ]-[ ][ ]-[ ][ ]	53-58 [ ][ ]-[ ][ ][ ][ ]	59 ☐	60 ☐	61 ☐	62 ☐	63 ☐	64 ☐	_____

CARD 3

11-16 [ ][ ]-[ ][ ]-[ ][ ]	17-22 [ ][ ]-[ ][ ][ ][ ]	23 ☐	24 ☐	25 ☐	26 ☐	27 ☐	28 ☐	_____
29-34 [ ][ ]-[ ][ ]-[ ][ ]	35-40 [ ][ ]-[ ][ ][ ][ ]	41 ☐	42 ☐	43 ☐	44 ☐	45 ☐	46 ☐	_____
47-52 [ ][ ]-[ ][ ]-[ ][ ]	53-58 [ ][ ]-[ ][ ][ ][ ]	59 ☐	60 ☐	61 ☐	62 ☐	63 ☐	64 ☐	_____

CARD 4

11-16 [ ][ ]-[ ][ ]-[ ][ ]	17-22 [ ][ ]-[ ][ ][ ][ ]	23 ☐	24 ☐	25 ☐	26 ☐	27 ☐	28 ☐	_____
29-34 [ ][ ]-[ ][ ]-[ ][ ]	35-40 [ ][ ]-[ ][ ][ ][ ]	41 ☐	42 ☐	43 ☐	44 ☐	45 ☐	46 ☐	_____

(Leave blank)
47 ☐ All blank
48 ☐ Numeric codes
49 ☐ Verbal notes

(Leave blank)
50 ☐ All blank
51 ☐ Numeric codes
52 ☐ Verbal notes

[a] I = Information only or informal referral
[b] R = Formal referral – Attach Referral Form
[c] F = Follow-through
[d] E = Escort, T = Transportation – Attach Escort/Transportation Form
[e] None = No I & R service provided

(Leave blank)
53 ☐ All blank
54 ☐ Verbal notes

E

I & R Services Provided 55 [ ]
0 = No answer
1 = Request inappropriate (explain in section G)
2 = Handled in initial contact (go to section H)
3 = More than one contact (go to section F)
4 = Brief PR contact, no service
5 = Extended interview, no service
6 = Extended interview, service given
7 = Other (explain in section G)
8 = FT contact made, person got in touch with facility
9 = FT contact made, person did not get in touch

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F

If more than one contact with or about the caller was necessary to provide service, complete this section.

Record numbers from the list below to describe, in order, successive contacts with or about the caller. (The first contact has already been recorded in Section A.)

56-57 ☐☐ second 58-59 ☐☐ third 60-61 ☐☐ fourth 62-63 ☐☐ fifth 64-65 ☐☐ sixth 66-67 ☐☐ seventh 68-69 ☐☐ eighth 70-71 ☐☐ ninth 72-73 ☐☐ tenth Check here if more than ten 74 ☐

10 = Answering service call back

Center contacted another facility:
- **20** = To arrange referral appointment
- **21** = To obtain information for caller
- **22** = Other (specify) _____

30 = Center arranged contact by another facility
- Name _____
- Reason _____

Center contacted consultant:
- **40** = To obtain information for caller
- **41** = For advice on how to help caller
- **42** = Other (specify) _____

Center contacted caller again:
- **50** = To obtain further information from caller
- **51** = To provide information about caller's request
- **52** = To confirm referral appointment
- **53** = Other (specify) _____
- **54** = No further assistance from center on follow-through
- **55** = Center gave further assistance

Caller contacted center again
- **60** = To give more information
- **61** = To check on progress of case
- **62** = Other (specify) _____

70 = Center contacted state office

80 = Other forms of contact (specify) _____

81 = Outreach worker contacted center

G

Additional remarks or notes:

CARD 5

H

Permission for I & R User Survey

During final contact, ask the caller (except in the case of a facility calling for general information) if he would mind if he were contacted again by mail or phone to answer a few brief questions about the service he received from the I & R center. Explain that these questions will **help the center to improve its service** to the public.

Did caller agree to follow-up? 1 = Yes 2 = No 11 ☐

I

Summary Section (To be filled out by interviewer after final contact)

1 **Time** necessary to take care of this caller (Be as accurate as possible): 12-13 ☐☐ hours 14-15 ☐☐ min

2 **Number of days** from first to final contact (Count day of first contact as day 1): 16-17 ☐☐

3 Do you feel that an **appropriate service** was found for this caller's needs or that he received the appropriate information?
1 = Yes, fully 2 = Yes, partially 3 = No 18 ☐

4 What do you feel was the **role of the I & R center** in this instance? (Check those which apply)
- 19 ☐ **Help caller clarify problem**
- 20 ☐ **Verify** what the caller already knew
- 21 ☐ Give **information only** about facilities and services
- 22 ☐ **Encourage** a caller who was reluctant or unsure about seeking a service
- 23 ☐ Make a **formal referral**
- 24 ☐ **Arrange for contact** by another facility or person
- 25 ☐ Give **information** about a factual issue **other** than facility services, eligibility, or procedures
- 26 ☐ Act as **mediator** between caller and another facility
- 27 ☐ Give **reassurance** to caller
- 28 ☐ **Call inappropriate** for I & R service -- Explain in Section G.

5 Which of the above was the **most important role** in this case? (Use column number at left of box.) 29-30 ☐☐

6 Interviewer: _____ name

Interviewer's code: 31-34 ☐☐-☐☐ center code / interviewer number

More than one interviewer? 1 = Yes 2 = No 35 ☐

The interviewer who takes a call is responsible for filling out a Caller Interview Form. Some parts of the form can be easily completed while you are talking to the caller. Some parts of it will be easier to fill in when the call is finished. If the caller's problem is handled in one contact, the whole form should be completed immediately (or as soon as possible) after the call. If more than one contact is necessary to handle the problem, parts of the form will not be completed until after the final contact. (The summary section at the end of the form should be filled out by the interviewer who had primary responsibility for handling the case. This will probably be, in many if not most cases, the person who answered the original call.)

The following instructions explain the form item by item. Refer to the appropriate items in the Caller Interview Form (Figure 1) as you read.

SECTION A

Caller's name. If the caller wishes to remain anonymous, he may do so. However, a special effort should be made to obtain the caller's name:

a. If it will be necessary for you to call him back.

b. If he agrees to the follow-up survey (see Section H).

c. If you are making a formal referral for him.

Caller's address. If the caller agrees to the follow-up survey (see Section H) or if you are making a formal referral for him, street, city, state, and zip code are necessary.

Caller's phone. *Very Important:* The caller's phone number should be obtained early in the interview. It will serve the following purposes (which may be explained to the caller):

a. In the event that the phone connection is accidentally broken, you will be able to call him back.

b. It will provide information for the center about how many of its calls are long distance and how many are local.

Town, county. *Important:* Obtain caller's town and county whenever possible. This information will allow comparison of center users' characteristics with census statistics about the area served. It is anticipated that callers will know this information readily.

(If caller is same as client)

Check the appropriate box. That person who needs some information or service(s) is to be considered the client. Frequently the caller and the client will be the same person. Occasionally it may be difficult to make the distinction. Cases in which the caller would not be the primary client might be, for example:

a. A case worker at a facility calling for information for one of his clients.

b. An individual calling the center on behalf of a friend, relative, or neighbor who is unable to call for himself.

(If caller is not client)

Client's name, address. Obtain if the caller is not the client. The caller may choose to have the client remain anonymous, and he may do so. However, a special effort should be made to obtain the client's name:

a. If it becomes necessary for you to contact the client directly.

b. If you are making a formal referral for the client.

Client's phone, town, county. *Important:* The phone number is necessary if you will have to call the client for any reason, and it may be useful to know whether the client has a local or long distance number. The town and county are important for the reasons stated in the "caller's town and county" explanation (see above). A special effort should be made to obtain this information.

Client's address permanent, temporary. Check the appropriate box. This information may be helpful if a follow-up survey is to be mailed, especially in centers which may deal frequently with transient workers.

I & R User Survey mailed. When and if an I & R User Survey* is to be mailed, check appropriate box and enter the date it is to be mailed. The answer to this item will depend on whether the caller agreed to the follow-up survey. (See Section H.)

Referral Form mailed. When and if a Referral Form+ is mailed (only in cases where a formal referral is made), check the appropriate box and enter the date mailed.

SECTION B

Problems presented. This area may be used as needed for making notes during the initial interview or related conversations.

Previous or present contacts. If the caller has already made any facility contacts which seem pertinent to his problem(s) they may be recorded here. (Contacts with these facilities should be avoided, however, unless the caller has given his permission.)

Back of first page. The top of this page may be used for overflow notes from Section B. Do not write in the "Research Follow-up" section; this section is for the use of the research aides.

SECTION C

1. Day. Enter the correct code number for the day the call was received. If the call was taken by an answering service, enter the code number for the day on which you called the person back.

2. Date. Enter the date for the day indicated above.

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*A research tool being used in the Wisconsin Information Service

+See Figure 3, page 42.

3. Time. Enter the time that the call was received (or that you called back on an answering service message). Use boxes as far to the right as possible. Check the appropriate box, "a.m." or "p.m." (See Example 1)

EXAMPLE 1

9:30 in the morning	9 3 0	22 ☑ a.m.	23 ☐ p.m.
12:08 in the afternoon	1 2 0 8	22 ☐ a.m.	23 ☑ p.m.
2:15 in the afternoon	2 1 5	22 ☐ a.m.	23 ☑ p.m.

4. Initial contact. Enter the correct code number for the method in which the initial contact was made. Only centers that have an answering service will be able to record this as a method of initial contact. "Outreach" has a specific meaning for this demonstration and should not be recorded as a method of initial contact until the outreach component is added by certain centers in the second year of the demonstration.

5. Phone: Local or long distance. If the initial contact was made by phone, record the appropriate code number, depending on whether the call was local or long distance. It is possible that in some cases a caller may not want to give his phone number, but will say whether the call is local or not.

6. Geocode. Leave this item blank. This will be filled in by research aides using the address information--especially town and county--from Section A.

7. Private individual. Enter the correct code number according to whether or not the caller is a "private individual." "Private individual" should be taken to mean a person calling in a non-professional capacity. Someone calling on behalf of a neighbor would be considered a private individual. But a doctor calling for a patient, or a lawyer calling for a client, for example, should be considered a "facility" (see item 8).

(For self or for someone else)

Enter the correct code number. If the caller is not a private individual, this box should be left blank.

8. Facility. Any caller using the center in a professional capacity should be considered a "facility" even though he may not be listed as such in the center's resource file. Enter the correct code number for the situation and write

in the facility name. If the "facility" is a professional calling for a patient or client, you may write in something such as "doctor for patient" or "lawyer for client." (The facility number should be filled in if the facility is in your resource file.)

SECTION D

P/S Codes. Use the master booklet (and if necessary the key work index) to determine the appropriate problem/service intersection(s) for the caller's problem(s). Enter in the boxes provided all of the P/S intersection codes (see Example 2) that you have identified even if you are unable to help the caller with all of them. Skip rows in the P/S code column only when a caller is given information about more than one facility for a single P/S code (see "Facility Numbers" section, below).

EXAMPLE 2

You should remember from your knowledge about the resource file, that each 6-digit code represents:

A general problem area (category).

Example: "Housing" is category 12.

A specific problem in that area.

Example: "Disputes, landlord-tenant" is problem 08.

A service that may help solve the problem.

Example: "Law enforcement" is service 07.

The P/S code is:

1	2	-	0	8	-	0	7

If you are able to identify only part of a complete code, enter in the appropriate boxes as much of the code as you are able to identify. If some of the P/S code boxes are left blank, write in a brief explanation beside the boxes or in the "Notes" area to the right.

Facility Numbers. For each P/S code (i.e., for each problem), you will give the caller information about a facility or facilities which may help him. List in this column only those facilities about which you have told the caller. Enter the facility number beside the appropriate P/S code. If you have given the caller information

about more than one facility for a single P/S code, list all of the facility numbers before listing the next P/S code. Do not skip rows in the "Facility Number" column (but you may have to skip rows in the P/S code column). When all of the facilities for a given P/S code have been listed, record the next P/S code on the following line and list the appropriate facility number(s) beside it.

Action(s) Taken. Write the appropriate code for the action taken for each facility number listed. Only "I" (information or informal referral--i.e., no appointment made for the caller) and "R" (formal referral to a facility--i.e., an appointment made for the caller and a Referral Form filled out and mailed) should be used during the first year of the demonstration. It is possible that both "I" and "R" may be checked beside a given facility.

"F" (follow-through), "E" (escort), and "T" (transportation)are actions that may be taken by some centers as additional program components.

"None" should be used if a P/S code was identified but there was no facility available (i.e., a gap in the service system). If "None" is used, explain briefly in the "Notes" column.

Notes. Use as needed to explain missing information on the corresponding line in this section and to explain in case "None" was checked for a P/S code.

The filling out of Section D is illustrated in Example 3, page 24.

SECTION E

I & R Services Provided. Enter the appropriate code number. The purpose of this section is to separate calls that cannot really be categorized as I & R (no service having been provided), I & R calls that are taken care of in the initial contact, and I & R calls that require more than one contact.

The "1" code should be used if the call was inappropriate or if no problem could be determined. It should be used only when both "2" and "3" are impossible codes. If you use this code, you will probably also check "call inappropriate. . .(28)" in Section I (see below).

Enter "2" if the call was appropriate for the I & R center and was handled in the single, initial contact with the caller.

Enter "3" if it was necessary to have more than one contact with the caller and/or others in order to help the caller. If you call back on an answering service message, this should be considered the second call (see Section F).

The remaining codes are used for additional services, such as outreach and follow-through.

EXAMPLE 3

Assume that a call came in to any center except 01. Three problem/service intersections were identified.

The caller was given information about three facilities which might help him with one problem. [Notice that the third facility that the caller was told about lies outside of the area served by this particular I & R center (the "home center" does not use the first two spaces of the facility number for facilities in its area). However, the facility is used by persons in this area. Our center has information on it in its resource file because the facility was interviewed by center 01, and the information was made available to our center because residents in our area of service might use the facility.]

An appointment was made for the caller at a facility which might help him with the second problem (i.e., a referral was made for the second problem).

The third P/S intersection identified was not checked in the master booklet; that is, the needed service for this problem is not offered by any of the facilities in this resource file.

D

P/S Codes (List separately)	Facility Numbers (List separately)	Action(s) Taken (Mark boxes appropriately) I[a] R[b] F[c] E[d] T[d] None[e] (Explain)	Notes
11-16 07-10-07	17-22 --0035	23 ✓ 24 25 26 27 28	
29-34 ---	35-40 --0127	41 ✓ 42 43 44 45 46	
47-52 ---	53-58 01-0014	59 ✓ 60 61 62 63 64	
CARD 3			
11-16 07-10-18	17-22 --0023	23 24 ✓ 25 26 27 28	
29-34 05-18-17	35-40 ----	41 42 43 44 45 46 ✓ no facility listed	
47-52 ---	53-58 ----	59 60 61 62 63 64	

SECTION F

More than one contact. This section is intended to obtain two kinds of information:

a. The number of extra calls necessary to deliver good I & R services.

b. The kinds of extra calls necessary to deliver good I & R services.

Use the code numbers listed to record in the boxes what sorts of calls or contacts were necessary to handle the caller's problem(s). Record only completed contacts, and record them in the order in which they were made.

SECTION G

Additional remarks or notes. Use this space as needed for miscellaneous remarks or notes, and also to explain a "No service provided" response in Section E, and a "Call inappropriate for I & R service" response in Section I.

SECTION H

Permission for I & R User Survey. *Very Important:* The I & R User Survey is a one-page (both sides) questionnaire designed to find out what callers think of the service they receive from the I & R center and what kinds of people use the center. It should take only a few minutes to fill it out.

If the caller agrees to the follow-up survey, you will need to get his name and address in order to mail it. However, the caller's name will not be on the questionnaire, and his answers and comments will be anonymous.

Encourage each caller to allow the User Survey to be sent to him even if the I & R center was unable to be of service. Not including such cases would seriously bias the results of the research follow-up.

An attempt should be made to get permission for follow-up from:

a. Every private individual calling for himself or for someone else.

b. Every person calling in a professional capacity and checked in Section C as a facility. If a facility representative calls the center frequently for different clients, he may not want to fill out a User Survey every time. You might explain that his responses would help us continue to monitor the quality of service delivered by the center, and ask if he will agree to fill out a User Survey, say, every third time he calls.

Rule of Thumb. Sometimes you may have a little trouble deciding who you should ask to agree to the follow-up survey. The following general guide should be used:

> *Get permission to send the User Survey to the person who obtained service (i.e., information or referral) from the I & R center.*

For each person who agrees to the I & R User Survey:

a. Be sure that you have the name and mailing address.

b. Copy the Form Number (found in the upper right hand corner of Section C) from the Caller Interview Form used for his case into the "form" boxes at the top of the I & R User Survey to be mailed to him.

c. Enclose with the I & R User Survey a cover letter and a stamped and addressed return envelope.

d. Mail the I & R User Survey form (with the proper enclosures and the correct Form Number copied onto it).

SECTION I

This section should be filled out by the interviewer who had primary responsibility for handling the case.

1. Time. Record as accurately as possible the total time necessary to handle this case. Include time spent completing the Caller Interview Form. You may have to keep track of time spent on a case over a period of several days. (See Example 4 below.)

2. Days. Record the number of work days from the first to the final contact for this case. If a case is disposed of on the same day that the call was received, the number of days recorded should be "1". (See Example 4 below.)

If the call was received by an answering service, count the next working day as day 1.

EXAMPLE 4

It took about 8 minutes on the telephone to give a caller the information he needed.

1 Time necessary to take care of this caller (Be as accurate as possible): 12-13 [ ][ ] hours 14-15 [0][8] min

2 Number of days from first to final contact (Count day of first contact as day 1): 16-17 [0][1]

It took about 2 1/2 hours in all to determine a caller's problems, call him back several times with information about various facilities in his community, and arrange a referral for him for a couple of his problems. This process took place over a period of 3 days.

1 Time necessary to take care of this caller (Be as accurate as possible): 12-13 [0][2] hours 14-15 [3][0] min

2 Number of days from first to final contact (Count day of first contact as day 1): 16-17 [0][3]

3. Appropriate Service. Record the code number for the response which is most accurate in your estimation.

4. Role(s) of I & R center. Check the role(s) which the I & R center filled for this particular case. (Any number of responses may be checked.)

5. Most important role. Of those roles which you checked in item 4, which do you feel was the most important one? Use the numbers in front of the boxes.

6. Interviewer name, code. Write in the name and code of the interviewer who had primary responsibility for handling this case (the same person who fills out this summary section).

More than one interviewer. Enter the correct code number according to whether or not more than one interviewer was involved in handling the case. Examples of instances in which more than one interviewer may be involved are:

a. An interviewer answers the phone, but after talking to the caller for a few minutes decides that the center manager or the I & R specialist may be better able to determine what the caller's problem is.

b. An interviewer has been making contacts to try to obtain correct information for a caller. While the interviewer is at lunch (sick or out of the office on business) the caller phones and talks with another person in the office.

When the Form Has Been Completed

When the action regarding each caller is finished and the Caller Interview Form completed, put the form in a "holding file." Send all forms in the holding file to the state office at the end of each week.

CHAPTER 3: Using the Resource File

In order to be effective in interviewing and information-giving you must be thoroughly familiar with the resource file. The resource file is the reservoir of information on which all I & R service is based. Here is a review of the steps for using the resource file.*

Step 1: Determine the problem and service

Frequently an individual who contacts the I & R center will have some difficulty in defining the precise nature of his problem. You will have to ask a series of thoughtful and tactful questions to help the caller to specify his problem (see Chapter 1). Once the interview has proceeded to the point where the problem can be identified, you will have to decide which services are appropriate to help the caller solve or cope with his problem. You may refer to your key word index for assistance in making this decision. Then, using the master resource survey booklet as a guide, determine whether or not that service is available. That is, is there a provider of that service listed in your file (as indicated by a mark in the master booklet)? As you identify problem/service intersections, write down their code numbers.

Frequently a person will have more than one problem. If you sense that this a possibility, probe tactfully to see if he or she has related problems. For instance, a mother who phones the I & R center about job-training programs may also need information about making arrangements for her children during the day

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*See also *Information and Referral Services: The Resource File, 3rd Revision.* Minneapolis: InterStudy, 1973.

(perhaps day care centers exist in your community). Or a woman may phone to request information about placing her mother in a nursing home. By carefully discussing the reasons the inquirer wishes this information, you may learn that her mother is not in seriously bad health (and therefore does not require nursing home care). She simply needs help maintaining and cleaning her house or apartment. In this particular case, you may suggest that the caller contact the welfare department to arrange for her mother to be sent a county homemaker, a service that exists in many communities.

Thus, by referring to the master resource survey booklet (and sometimes to the key word index), you will help the inquirer to define his problem(s) and determine the service(s) needed.

Either ask the caller to "hold" or tell him that you will call back in a few minutes, once the information as been found. This will depend on how easily you can provide the necessary information. It is always better for you to call back, rather than to ask the inquirer to call you back. If the caller is at the center, ask him to wait a few minutes. If he cannot wait, assure him that you will call him as soon as you find the information.

Step 2: Search the code card file

Look up in the code card file the problem/service code(s) you have listed.

Step 3: Write down facility numbers

Write down the appropriate facility number(s) from each code card.

Step 4: Check the facility notebook

Next, turn to your facility notebook, which contains copies of facility file forms in numerical order. Find the form(s) with the facility number(s) you have written down. Each facility file form has a detailed description of the facility's accessibility and eligibility requirements.

Step 5: Select the appropriate facility

If many facilities have been located, you should recommend those that seem most appropriate from the standpoint of the caller's problem. When deciding whether or not a facility is appropriate, you should consider:

(a) The number and kinds of problems a facility can handle. Some can handle only a few kinds of problems; others can deal with a great many.

If the caller has identified more than one problem, you may find by scanning the facility numbers on the appropriate code cards that the same facility may be able to help the caller solve several of his problems. (If there are a great many facility numbers on the code card, and/or if the caller has more than one problem, this comparison may take place at Step 3.)

All things being equal, you should send a caller to one facility rather than to several, if that one can help him with many of his problems.

(b) Whether the caller appears to meet whatever eligibility requirements the facility may impose.

(c) Whether the facility charges fees the inquirer can afford.

(d) Whether the location of the facility presents any problems for the caller. For example, is it near a bus line? Does it have entrance ramps and elevators for wheelchairs?

(e) The particular problem(s) of the caller. Does any aspect of the problem suggest

that one facility may be able to serve him better than another? Or that he would be more likely to accept the services of one facility over another?

Step 6: Offer information (and referral)

Once you have reached a decision, get back in touch with the caller and give him the information you have found. You may also offer to make a referral appointment for the caller (see Chapter 4).

Step 7: Return code cards to the code file.

Once the inquiry has been answered, make sure that the code cards are replaced in the file in the correct numerical order.

If No Facility Is Found in the Resource File

You will occasionally encounter some problems for which you can find no provider of service in the resource file. If you are absolutely certain that there is no suitable service offered in your area (or elsewhere), you will have to explain the situation to the caller and express your regret that you cannot be of help.

However, in some of these cases you may wish to explore sources of less conventional help that are not contained in your resource file before giving up. Explain to the caller that you are unable to give him information at the moment, but that you will investigate further and call him back as soon as you find out anything. It is a good idea to agree with the caller on a specific day and time when you will call back. This lets the caller know you are serious about calling back. It also may save you several extra calls due to the inquirer's absence from home

when you call. Remember, whenever possible you should take the initiative in recontacting the inquirer. You may wish to call back in a day or two, just to support the caller by letting him know you have not forgotten him. In arranging a time for a return call, you may wish to explain that you may just be giving a "progress report." Then you can agree on when next to call based on the progress you seem to be making.

Then try to find a facility which offers the necessary service (e.g., by contacting consultants, facilities, the state office, etc., or whatever seems appropriate under the circumstances). Contact the caller with the appropriate information as soon as you find it. (You may find it advisable to add this information to your resource file.)

Generally, a week should allow enough time for you to find a resource for the caller. The amount of time you actually allow before getting back in touch with the caller will depend on at least two factors:

1. How long can the caller wait? If his situation is not an emergency, he still may not wish to wait too long before pursuing other avenues of help. He may have trouble explaining this concern to you, because he fears you will not continue to try to find help for him.

2. How much time can you realistically afford to spend trying to help this caller? In helping him, will you be depriving others of your center's services? You must use your own good judgment in determining how long you spend helping any one caller.

If you are unable to come up with any new information by the time you have agreed upon, contact the caller again. Explain what you have done, and express your regret that you could not help.

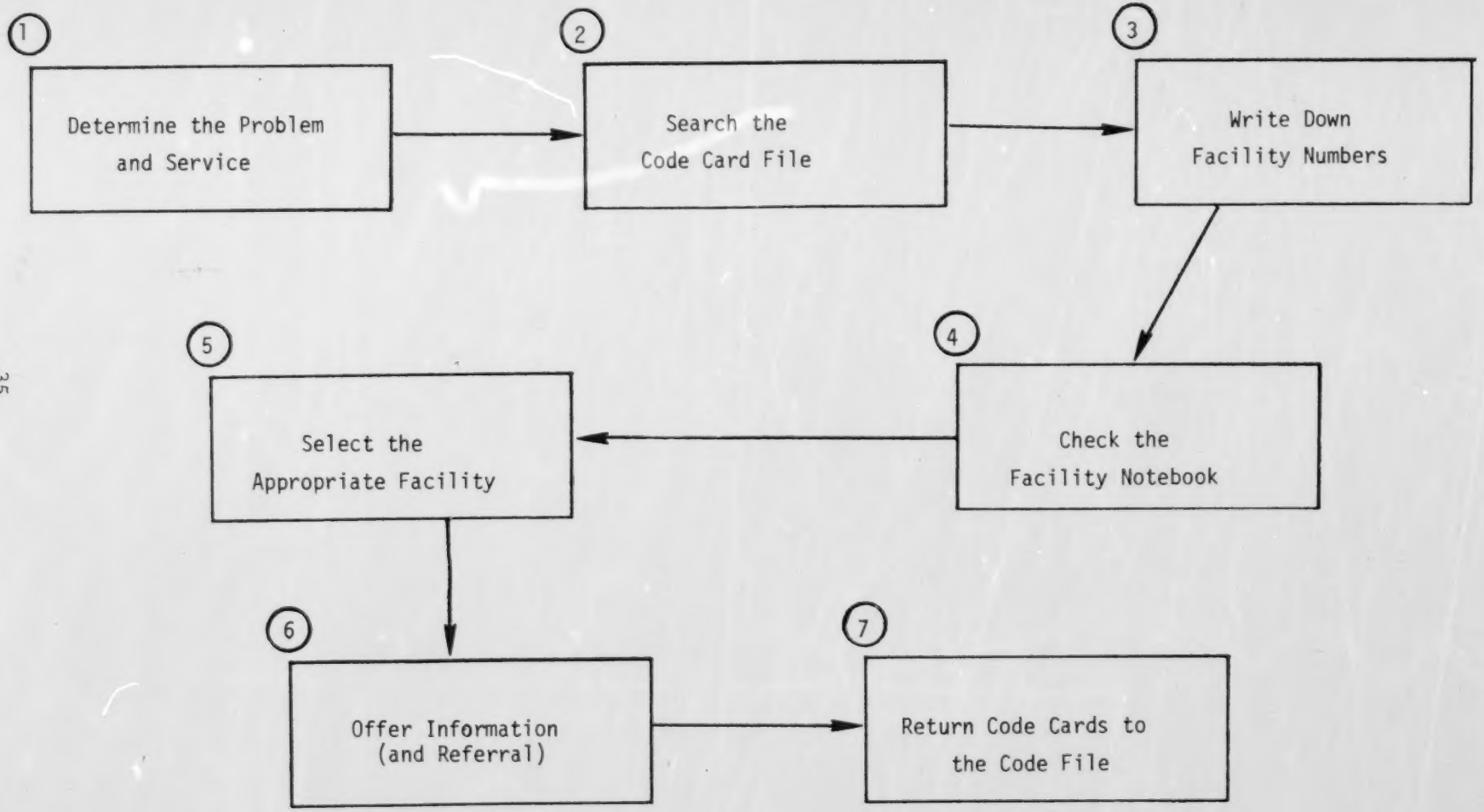
As you continue working in the I & R center, you will grow more and more familiar with the contents of the resource file. This familiarity may tempt you to stop using the file. In some

obvious instances (for example, when you know there is only one facility that handles a particular problem), bypassing the file may be all right. But as a general rule you should always consult the file, even if it only serves as a check on your memory. Data gathered on the facilities to which you direct or refer people will help you to keep track of how many of the community resources you actually are utilizing in your I & R activities.

The chart on the following page summarizes the steps involved in using the resource file.

FIGURE 2

USING THE RESOURCE FILE



CHAPTER 4: What Is Referral and When Is It Used

Definition and Purpose of Referral

Information-giving is the basic service which may be provided by an information and referral center. Information-giving is limited to the simple giving of information about services and facilities. It does not involve any attempt to see that the person reaches the services he seems to need. Establishing a connection (beyond just knowledge of the service) between the person and the available service is what referral is all about. It is a surer way for your I & R center to realize its commitment to connect people in need with services and people that help.

It is sometimes difficult to draw a clear line between information-giving and referral. Sometimes just encouraging a person to go to a facility is considered referral. But, for our purposes, referral is defined as actually making an appointment for a person at a facility on a specific day. Offering encouragement, giving directions on how to get to a facility, and so forth, are not included in this definition of "referral." When you provide referral, you actually make an appointment for a person.

Whenever a formal referral is made, a Referral Form should be filled out (See Chapter 5). Remember, a formal referral is an appointment made:

1. for an I & R center user;
2. at a particular facility;
3. for a specified day;
4. for a specified time.

Sometimes a facility will not specify time beyond "morning" or "afternoon", but at least this much specificity is required for the appointment to qualify as a formal referral. (In addition, it is desirable that the appointment be with a particular person at the facility, but this condition is not necessary to define an action as a referral. See Chapter 5.)

Why Referral Is Sometimes Necessary

What is the point of adding referral if the center is already giving information about services and facilities? Why might some callers need the additional help of a formal referral? What circumstances may require it?

Fear and Uncertainty. For one thing, you probably will observe that many people do not use information about community resources that could truly help them. They may hear what you tell them; they may agree that a service would be beneficial to them; and yet they do not take the logical next step of contacting the facility providing the service. This may occur for several reasons. A person may not like to ask for help. To do so may not be consistent with his beliefs about how people should manage their lives and with his notions of self-reliance and independence. He may feel that others will think less of him if he asks for help, or he may not be sure how he will be received by a facility. He may worry that no one will notice him, or that, if he is noticed, no one will pay attention to him.

Perhaps a facility seems too far away and/or too impersonal to the caller. If the facility is some distance from his home, it may be hard for him to get there. He may not be familiar with the area in which the facility is located. This may make him feel uncomfortable about going there. In short, such things as physical distance and unfamiliarity may give rise to fear and uncertainty. These feelings may prevent people from acting on information about community resources that they agree might be helpful to them. They need someone to pave the way for them, to take the first steps for them, to introduce them to the facility that can help them.

Physical and Emotional Limitations. A referral is sometimes necessary because of a person's incapacity to make the contact himself. Sometimes a person's physical energy or control over his emotions will become depleted just by calling the center. To ask him to call another agency would be beyond his capacity. For ex-

ample, consider the case of a person who lives alone, who stumbles and falls in his house, becomes frightened, and calls the center. He may need someone who will contact sources of help for him because he may be physically and/or emotionally unable to do so himself.

Facility Requirement. Another reason referral is sometimes necessary is that some facilities will not provide service without a referral from another source. This means that some other authorized facility, such as the I & R center, must have interviewed the person first before he can receive service from that particular facility. The resource file will be helpful in making this determination. The intake and referral procedures of each facility, recorded in the file, will indicate whether a formal referral is necessary.

Some facilities may have a policy forbidding referrals. The basis of such a policy may be the belief that a third party who makes a referral actually may undermine the caller's motivation. If the caller is really serious about needing help, he will take the initiative in coming in on his own to make an appointment. Although this may be true in some cases, it is obviously not true in others. A restrictive policy on accepting referrals may be a serious barrier in connecting a caller with a needed service. If a facility's policy on referral does seem to be acting as a barrier, it is important that your I & R center document this fact and make it known to the facility. The facility may wish to reconsider the wisdom of a policy that is too restrictive.

These, then, are some reasons why referral is sometimes necessary. Not all people contacting the center will require referral. Many will be able to proceed on their own once they have the information they need. But for those people who may be reluctant or unable to contact a facility, referral may be the only way in which connection of people to services can take place. Information-giving alone will not do the job.

Danger to Self and Others. A less usual kind of referral is that in which you may act unilaterally on behalf of an individual, without his knowledge or permission. The behavior of some individuals may disturb those around them. Some senile, irresponsible, or mentally unbalanced people may engage in behavior potentially harmful to themselves or others.

Your center may receive a call about someone who is using his yard as a garbage dump. The neighbor is calling and wants your center to do something. Occasionally, you may receive a call from a neighbor or friend concerned about the condition of an old man who lives down the street all by himself. He has not been seen out for a few days. In either of these cases, the individuals about whom the call was made may be unable to take the action necessary to get help for themselves.

In this instance you may contact the appropriate service provider--not to make a formal referral--but as an advocate for the community. Although your center will not receive many calls of this kind, the skill and tact with which you handle them will be most important in terms of how your center is viewed by the community.

The Referral Process

The referral process begins with the initial interview and exploration of the person's problem. Not only is the interview the basis for your search in the resource file for information about the service most pertinent to the person's problem or situation. This interview also provides the opportunity for you to assess the person's need for referral. After you have transmitted the information from the resource file to the person, you should allow the person time to consider what you have told him. He may wish to discuss with you further the advantages and disadvantages of the community resource he is considering and to weigh other possibilities.

Once the person has decided that he would like to use a particular facility, you should check the resource file again re-

garding the referral procedure preferred by that facility. If the facility will accept a formal referral, offer to make an appointment for the caller. If an appointment is necessary to obtain service at a facility, explain the situation to the caller and offer to make an appointment for him. If he indicates that he would like you to make an appointment, call the contact person listed on the facility file form, provide whatever information about the caller is requested, and make an appointment. Remember, a formal referral is an appointment made for a caller at a facility on a specific day at a specific time. It is desirable that the appointment be with a specific person at the facility, but some facilities will not or cannot be this specific about an appointment.

When the appointment has been made, contact the person again as soon as possible to let him know. Be sure to fill him in on all of the details: the name and address of the facility; the day, date, and time of the appointment; and any other information which you feel is necessary or which the person requests. If the appointment is not for three days or more, tell the person that you will send him a reminder in the mail before his appointment. Be sure to tell the person about whatever special information he may need (such as proof of income, age, etc.) to be prepared for his appointment.

If for any other reason you feel that a referral is necessary, follow the same procedure. Do not forget to obtain the caller's permission to contact the facility. The only time you may be justified in contacting a facility about a person's problem without his permission is when he is a danger to others or himself or mentally incompetent (unable to understand the situation or give his consent).

When you call a facility to make an appointment for a caller, you should be prepared to provide at least the following information:

- caller's name
- caller's address

- caller's phone number
- reason for referral (caller's problem)
- when the caller can come
- your name
- your center's name
- your center's address
- your center's phone number

You should then send the facility a written confirmation of the appointment. (See Chapter 5 for instructions on how to fill out and process Referral Forms.)

CHAPTER 5: THE REFERRAL FORM

The Referral Form (see Figure 3) is designed to serve as:

1. An appointment reminder for the caller,
2. An appointment reminder for the facility, and
3. An evaluation form for the facility.

The Referral Form has three parts:

1. Caller's Copy
2. Center Copy
3. Facility Copy

The first page is sent to the caller as a reminder of his appointment. The second page is a carbon copy for the I & R center of the information sent to the caller plus some further details. The third page is sent to the facility. It is a carbon copy of all information recorded on the first two pages, with a detachable, mail-back Referral Result form to be filled out by the facility.

The Referral Form has been designed specifically for the tools and methods of the WIS demonstration. It may easily be adapted to other tools and methods, the only necessary changes being in the way problems are recorded and facilities code-numbered.

How to Fill Out a Referral Form

A Referral Form should be filled out for every formal referral that the I & R center makes. If referrals are made to more than one facility for a given caller, a separate Referral Form should be filled out for each facility. This Chapter is intended to clarify questions that may arise in the use of the Referral Form.

A formal referral may be defined as *an appointment made for an I & R center user:*

1. at a particular facility
2. on a specific day
3. at a specific time

FIGURE 3: The Referral Form*

*The three pages presented here are in actual practice attached together with carbon paper in between the three copies and perforated so that the Caller's Copy and Center Copy can be removed from the Facility Copy. In addition, Caller's Copy and Center Copy pages are cut off just below the "other reasons" line.

REFERRAL FORM

CALLER'S COPY

Wisconsin Information Service

To: _____

Address: _____

_____

This is a reminder
of your appointment at _____ with _____
Name of Facility Person

Address: _____ on _____,
Day of Week

_____ _____
Date

Phone: _____ at _____ ☐ a.m. ☐ p.m.
Time

Name of interviewer who made referral: _____

_____
Wisconsin Information Service

Reason(s) for referral:

A _____

B _____

C _____

D _____

Other: _____

REFERRAL FORM

CENTER COPY

Name: _____

Address: _____

_____

Do not write in this space.

Date: _____

Referral was made to _____
Name of Facility

_____
Facility Worker

Address: _____

for _____
Day of Week

_____

_____
Date

Phone: _____

at _____ ☐ a.m. ☐ p.m.
Time

Name of interviewer who made referral: _____

_____
Wisconsin Information Service

FORM NUMBER ☐☐☐☐☐☐☐

FACILITY NUMBER ☐☐-☐☐☐☐

Reason(s) for referral:

☐☐-☐☐-☐☐ A _____

☐☐-☐☐-☐☐ B _____

☐☐-☐☐-☐☐ C _____

☐☐-☐☐-☐☐ D _____

Other: _____

REFERRAL FORM

FACILITY COPY

Name: _____

Address: _____

_____

This person has been referred to your facility for service. Please complete the card below and return it to our office as soon as possible after the appointment date. The information will be used to improve our referrals to your facility and others in the area. Thank you.

Date: _____

has an appointment at _____ with _____

_____ for _____

_____

Phone: _____ at _____ ☐ a.m. ☐ p.m.

Name of interviewer who made referral: _____

Please complete the form below, detach and return. _____ Wisconsin Information Service

REFERRAL RESULT

CARD 1 [1] 2-3 [0][2] FORM NUMBER 4-10 [ ][ ][ ][ ][ ][ ][ ]

Reason(s) for referral: FACILITY NUMBER 11-16 [ ][ ] – [ ][ ][ ][ ]

17-22 [ ][ ] – [ ][ ] – [ ][ ] **A** _____

23-28 [ ][ ] – [ ][ ] – [ ][ ] **B** _____

29-34 [ ][ ] – [ ][ ] – [ ][ ] **C** _____

35-40 [ ][ ] – [ ][ ] – [ ][ ] **D** _____

Other: _____

1 Did this person keep his appointment?
41 ☐ Yes 42 ☐ No

2 If not, did your facility follow through in any way?
43 ☐ Yes 44 ☐ No

3 Was this referral to your facility appropriate?
45 ☐ Yes 46 ☐ No Please explain briefly:

4 Did your facility send this person elsewhere for any of the problems listed above? If yes, for which problems (check letters)?

47 ☐ **A** 49 ☐ **C** 51 ☐ Other
48 ☐ **B** 50 ☐ **D**

5 Because of this referral, has this person received or is he receiving service by your facility for the problem(s) indicated?
52 ☐ Yes – All 53 ☐ Yes – Some 54 ☐ No

Check those problems not being serviced:
55 ☐ **A** 57 ☐ **C** 59 ☐ Other
56 ☐ **B** 58 ☐ **D**

Please explain briefly:

6 Because of this referral, has this person received or is he receiving service by your facility for a different problem or problems?
60 ☐ No 61 ☐ Yes – Please explain briefly:

Signature: _____ Date: _____

This form was designed and printed by InterStudy, 123 East Grant Street, Minneapolis, Minnesota under Grant 93-P-75051/5-04 from the Administration on Aging, Social and Rehabilitation Service, United States Department of Health, Education, and Welfare.

4. with a specific person at the facility.

The first two requirements in this definition must be satisfied in order to have a formal referral. The "specific time" and "specific person" requirements are highly desirable and should be satisfied if at all possible. However, some facilities may promise to see a person "sometime during the morning" or "sometime during the afternoon" but will not make appointments for more specific times. Likewise, a facility may be able to promise that the referred person "will be seen by someone," but will not specify beforehand who that will be. If the first two requirements of the above definition are met as stated, and the time requirement is at least roughly met (i.e., "morning" or "afternoon"--not just "sometime that day"), then a formal referral has been made.

The following instructions explain the form item by item. Refer to the appropriate items in the Referral Form as you read (see Figure 3).

CALLER'S COPY

To, Address. Record here the name and mailing address of the I & R center user for whom the formal referral is being made.

Reminder. Record pertinent information in the spaces provided. Print or write legibly. Remember: Other people have to read this.

Name of Interviewer. Record the name of the interviewer at the I & R center who is making the referral. The offical name of your center should be recorded on the line below.

Reason(s) for referral. Record one reason per line. Each "reason" should be a brief verbal description of one problem/service code. (Do not record code numbers on this page; they would be meaningless to the caller. They should be recorded on the Center Copy of the Referral Form).

In filling out this section, you should check to see that the information agrees with the Caller Interview Form. If a code is described here as a reason for referral, then:

a. The code number should appear in Section D of the Caller Interview Form used for this caller; and

b. The facility to which this referral is being made should be recorded in Section D beside that code number; and

c. The "R" column (formal referral) should be marked "1" beside this facility number in the "Action(s) Taken" part of Section D.

In other words: If a formal referral is being made, the problem (or reason) for which the referral is being made, the facility to which the referral is being made, and the fact that a formal referral is being made should be correspondingly correct on both the Caller Interview Form and the Referral Form.

Use lines A-D to record reasons which are also listed as P/S codes in Section D of the Caller Interview Form. Other reasons for referral should be written on the bottom line labeled "Other."

CENTER COPY

When the Caller's Copy has been removed, the following information should be added to the Center Copy (a carbon copy of this additional information being added to the Facility Copy at the same time).

Date. Record the date on which the referral was made by the I & R center.

Form number. Copy into the boxes the form number found in the upper right hand corner of Section C of the Caller Interview Form used for this caller.

Facility number. Record the resource file facility number of the facility to which the referral is being made. In the event that a referral is being made to a facility that has no resource file facility number, write the name of the facility above the boxes.

Reasons for referral--unlabeled boxes next to lines A, B, C, and D. Record the P/S code numbers which correspond to each reason for referral. These should appear exactly as they do in Section D of the Caller Interview Form.

FACILITY COPY

No additional information needs to be added to the facility copy.

When the Forms Have Been Completed

The Caller's Copy of the Referral Form serves as a reminder of the appointment and should be mailed to the caller the same day the referral is made. If it would not get to the caller before the appointment (for example if the appointment were for the next morning), you may omit mailing the Caller's Copy. Generally, do not mail if the appointment is less than three days away.

The Facility Copy of the Referral Form should also be mailed the same day the referral is made. The Facility Copy should always be mailed, even if it will not reach the facility before the appointment. In addition to serving as a written confirmation of the appointment (if it does reach the facility in time), the Facility Copy asks for an evaluation (Referral Result) of the appropriateness of the referral.

The Center Copy is retained by the I & R center in its "holding file" of forms to be sent to the state office at the end of each week. Any Referral Result forms returned to the center should also be put in the state office holding file. The state office will process the information contained in the forms sent to it (Caller Interview Form, Referral Form, and Referral Result) and will provide feedback to the individual centers about referral results.

CHAPTER 6: SOME CASE STUDIES*

The following case studies are included to give you some flavor for the variety of questions that may be addressed to an I & R center. These examples also demonstrate how some of the tools and techniques that have been described would be used in actual practice. The verbal problem and service descriptions and the code numbers are from the survey instrument used in the WIS demonstration. The basic methods illustrated are adaptable to other coding systems or the use of strictly verbal notations of problems and services.

Case 1:

A mother calls the center. She reports that her adolescent son has a convulsive disorder which requires continuing medication and monitoring by a physician. Her two-month-old infant has a cardiac defect which requires surgery. The family has no insurance which will cover these costs and has a moderate income which makes the purchase of such medical care difficult.

Both childrens' problems require medical care, so you might turn directly to the "medical" category in the master booklet. You look for "convulsive disorder" in the problem list, but do not find it. Nor do you find it in the key word index. You do find "epilepsy", which is a convulsive disorder.

You might explore further with the mother to discover whether or not epilepsy is the "convulsive disorder" her son has. (Sometimes people feel that there is a stigma attached to specific labels such as epilepsy and are reluctant to use them.)

But in this case you discover that the condition is non-epileptic. However, the same facilities which treat epilepsy may treat other convulsive disorders. You will have to check with those facilities which offer services for epilepsy to see whether this is true and then contact the caller again. You

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* The source document for examples 1 through 4: Morrow, Kathleen R. *Service and Unmet Needs*. Kansas City, Missouri: REFERRAL, 1964. 5 pages.

explain this to the caller and assure her that you will call her back as soon as possible.

The specific services needed by the adolescent son are medication and the continuing care of a physician. "Medication" is one of the services listed. "Medical services, therapeutic" comes about as close to the second needed service as does any service listed. An additional service which might be of help to this family is "financial assistance." All three intersections are checked in the master booklet, indicating that all three services for the problem of epilepsy are available in your area.

You then pull the code cards for all three intersections (numbers 17-28-17, 17-28-26, and 17-28-28). Compare the three cards (Figure 4) to see whether any one facility offers all of the needed services. No facility number is listed on all three cards, but there are several duplications listed on the "medical services" and "medication" cards. You know that your center has a special, separate code card file for selected facility characteristics. You decide to pull from this file the cards for "no charge", "token fee", "low fee", and "sliding scale." You compare these cards with the service cards already pulled to see whether any of the facilities listed on the service cards have special fee arrangements which may meet the family's financial needs.

You find that facility "0327" is listed on the two service cards ("medical services" and "medication") and on the "low fee" card. Perhaps this one facility can fill the family's needs regarding the adolescent son. But you do not want to rule out potentially useful financial assistance. So you check the "financial assistance" card against another card from the special file--a card listing the income of the family and the numbers of facilities which serve this income group. You discover that none of the facilities listed on the "financial assistance" card offers services to a family at this income level (i.e., none of the numbers correspond). Apparently the family's income is too high for them to qualify for special financial assistance.

FIGURE 4

Comparison of Facility Numbers for Case 1

17-28-17

0	1	2	3	4	5	6	7	8	9
0130	0211 0431			0204	0105				0379

17-28-26

0	1	2	3	4	5	6	7	8	9
0010 0100	0321	0142 0202		0314 0534 0724	0075 0125		(0327)		

17-28-28

0	1	2	3	4	5	6	7	8	9
0010		0032 0142 0192 0272	0073 02-0103		0045 0125 1045		0117 (0327)		

Perhaps facility "0327", with its low fee for services will meet all of the son's needs. But first you must contact the facility to see whether convulsive disorders other than epilepsy are treated. You phone the contact person listed in the file for the facility and discover that medication and continuing physician visits are avaialble for patients with any convulsive disorder.

Thus you have found a facility which may fill the needs of the adolescent son. Now you may concern yourself with the infant who needs surgery for a cardiac defect.

You again skim the list of problems in the medical category. "Heart diseases" is one of the problems listed. Then you skim the services listed. Surgery is a therapeutic medical service ("medical services, therapeutic"). The code for this intersection is 17-32-26. You again may check on financial assistance, this time in the case of heart disease (code number 17-32-17). There is no mark at intersection 17-32-17, so you know that outright financial assistance for heart disease is not available in your area. So you select only the first code card (17-32-26).

Three facility numbers are listed on the card. You determine from their facility file forms that two of these charge a full fee (i.e., the family probably cannot afford their services). The third charges on a sliding scale. You call the contact person at the latter facility to make sure that surgery for an infant heart defect is one of the "therapeutic medical services" it offers. You find that it is.

You are now ready to call the mother back. By checking Section E on the facility file form, you have found that neither facility requires a referral from another agency. Call the mother and tell her about the facilities you located. Make sure to give her all the information she needs to get in touch with them. Have all of her questions been answered? Try to determine whether she thinks these facilities will probably fill her needs. Encourage her to call back if she needs further information or assistance.

For example, you may suggest that if the special fees offered by these facilities do not fill her family's needs, you may be able to locate additional services for her in the financial area.

Case 2:

A mother calls and explains that her family cannot afford the $400 monthly cost of an out-of-state facility to evaluate her four-year-old child's speech disorder.

You check the problem list in the "medical" category in the master booklet, but find no listing for a speech problem. You check the key word index and find two listings for the word "speech" ("remedial speech instruction" and "special education: speech"). Both of these are found in the "education" category (04). "Special education: speech" is in the problem list; the other is a service. You scan the list of services to see if you can find anything specifically on evaluation. You note that "psychological assessment" is offered, but no general evaluation is listed. But you decide to check to see whether the facilities which offer psychological evaluation and remedial instruction might also perform a general evaluation. You will have to contact the caller again later. Explain the situation, and assure her that you will call back as soon as possible.

You locate the code cards for the two intersections you have identified (04-48-50 and 04-48-57). Only one facility listing appears on each card, and both are for the same facility. You consult the file form for the facility, phone the contact person identified, and ask whether any general speech evaluation is offered. You find that it is not; only psychological assessment is offered.

So perhaps the family's only answer is the out-of-state facility. But if they are to make use of its services, they will need some financial assistance.

You turn to the "financial" category in the master booklet. Several services are listed for the problem of "lack of funds,

health care". Those which seem to apply to this case are "financial counseling," "credit union services," and "non-emergency financial assistance." But the "credit union services" intersection is not marked in the master booklet, therefore, no such service is offered in your area. The other two services are available, but you don't know which might best suit the caller's needs. Perhaps both would be useful.

You look up the code cards for the two intersections (08-07-06 and 08-07-09), and find that a total of three different facilities are listed (see Figure 5). All three are listed on both cards. After looking over the file forms of these facilities, there seems to be no reason why this family should not qualify for their services. With this information at hand, you phone the caller, and explain that there is no facility nearby which offers general speech evaluation. You tell her about the one which offers only psychological assessment, but she says that her child definitely needs assessment by a speech pathologist.

You then explain that financial counseling and assistance are available, and that this assistance could help to make payment for the out-of-state facility easier. She feels that such help would be useful, and might solve her family's problem.

So you give her the necessary information about the facilities you have identified. You offer to make appointments for her, but she says she would prefer to do it herself. Again, you make sure that all of her questions are answered before terminating the call.

Case 3:
The father of a blind infant calls and asks what help might be available for his child.

You decide to consult the key word index since you expect to find "blindness" in more than one category. From the listing, you decide that the "education" and "medical" category listings seem most appropriate for this problem (i.e., guide dogs and recreation services are not appropriate for an infant).

FIGURE 5

Comparison of Facility Numbers for Case 2

08-07-06

0	1	2	3	4	5	6	7	8	9
			0123	0114			0507		

08-07-09

0	1	2	3	4	5	6	7	8	9
			0123	0114			0507		

You turn to the education category and find a problem listing for "special education: blind." The services listed seem generally inapplicable in the case of an infant. So you turn to the medical category.

There are many services listed for the problem of blindness, so you must explore with the father to determine more specifically the kind(s) of service he is seeking. You learn that he is interested in seeing that his infant develops as fully as possible and does not develop secondary problems which could have been avoided. At this stage of the game (i.e., with an infant), you feel that "health education" and "health information" may be most useful to the caller. He needs to learn all about his infant's problem--what the child's full potential is, how the child can best attain it, what kinds of special training may be needed. You discuss this with the caller, and he agrees.

Pull the code cards for the intersections identified (17-14-20 and 17-14-21). Compare the facility numbers listed (see Figure 6), and find that facility 0483 is listed on both cards. You look up the file form and discover that it is a local society for the blind, that any blind person or member of a blind person's family is eligible for services, and that no formal referral is required.

You tell the caller about the facility and give him all of the necessary information (name, location, phone number, contact person, etc.). You have made sure that all of his questions were answered. He seems sufficiently capable and motivated, so you do not offer to make a referral for him.

Case 4:

A woman calls the center. She says that she is 70 years old, she is having trouble with her current landlord (conflict over failure to make necessary repairs), and she is having difficulty paying her rent. She has been looking for lower cost housing, but has not been successful in finding anything.

You believe she wishes to move regardless

FIGURE 6

Comparison of Facility Numbers for Case 3

17-14-20

0	1	2	3	4	5	6	7	8	9
	0121		(0483)	0004	0305				0019
	0231			0134	0425				
				07-0154					

17-14-21

0	1	2	3	4	5	6	7	8	9
0140		0022	(0483)			0716	0197		
		0142	0653				04-0257		
			0673						

of any help she may receive. To confirm your thoughts, you ask her if she would consider staying where she is if her landlord and rent problems could be resolved. She says she wants to move away no matter what.

Turn to the "housing" category in the master booklet. The caller's problem is the "location" of appropriate housing. A number of services might be relevant in this case (e.g., "housing, senior citizen," "low-cost housing," and "relocation services").

Look up the code cards for the appropriate intersections (see Figure 7), and compare the facility numbers listed to see whether one facility offers more than one of the services. You find one facility number which is listed on all three cards (0215). You look at its file form. It is a senior citizen center which offers help to older people in finding suitable housing.

After you tell the woman about the facility, she says she doesn't feel like a "senior citizen" and doesn't want to have anything to do with such a place. You know that your job is to find a service to satisfy the caller, not to try to talk her into a service which she objects to, even if you feel it might solve her problem.

So you again look at the code cards (see Figure 7). A different facility number (0298) is listed on both the "low-cost housing" and "relocation service" cards. You look at the facility's file form, determine that the woman should be eligible, and tell her about the facility. She likes the sound of this one.

You also noted from the file form that the facility requires a formal referral, so you explain this to the woman and ask for her permission to contact the facility on her behalf. She agrees. You contact the facility and make an appointment for her, then call her back and tell her about the appointment. You are careful to include all necessary information (facility name, address, phone number, person to see, day, date, time, etc.).

You then fill out and mail the appropriate referral forms.

FIGURE 7

Comparison of Facility Numbers for Case 4

12-14-12

0	1	2	3	4	5	6	7	8	9
	0141	0322		0104 0624	(0215)			(0298)	0409

12-14-18

0	1	2	3	4	5	6	7	8	9
	0211		0453		(0215)				

12-14-29

0	1	2	3	4	5	6	7	8	9
0300					(0215)	0116 0146		(0298) 0409	

Case 5:

> A caller requests information about nursing homes for her father. As you discuss her father's situation, you learn that he lives alone, recently has been unable to prepare meals for himself, and has allowed his small apartment to get very dirty. He appears to be growing steadily weaker. It turns out that there is a family history of cancer, and the caller is fearful that her father may have this illness.

You may feel that a cancer screening examination should be sought first. If the results are negative, and there appears to be no other health problem, homemaker services may be of help, along with some kind of meal program.

Turning to the master booklet you learn that cancer screening services are available (22-01-06), that homemaker services are available (07-09-26), and there are several choices available with regard to a meals program (09-03-07, 09-03-10, and 09-03-11).

Next you pull the code cards for the codes identified as relevant for this caller (see Figure 8). You scan each column on each card, taking note when you find facility numbers which match with each other. On this particular set of cards, there are two facility numbers which appear more than once: 0043 and 0053. You will note, however, that the codes with which facility 0043 is associated are only for meal services; those with which facility 0053 is associated are for both homemaker and meal services. Therefore, other things being equal, facility number 0053 appears to be the better choice. Then you check the facility file form for specific eligibility requirements that the caller's father would have to meet for these services. You find that the caller's father should be eligible, and give the caller the necessary information about the facilities.*

*You suggest that the first step would be to contact the facility that provides cancer screening. Tell her if the results of this first step indicate no problem in the medical area, the next step would be to contact the facility that provides both homemaker and meals services (0053). Encourage her to call back in a week or so if she needs further help.

FIGURE 8

Comparison of Facility Numbers for Case 5

22-01-06

0	1	2	3	4	5	6	7	8	9
	0011	0012	0163		0005	0016			
	14-0091	0032			0135	0086			
		0062			0245	0106			
					01-0015				
					02-0015				

09-03-11

0	1	2	3	4	5	6	7	8	9
0020	0091	0052	0003			0026	0007		0019
0040	0121	0082	0013			0046	0057		0029
		0092	(0053)			0116			0079
		0102	0133						0109
			0273						

09-03-10

0	1	2	3	4	5	6	7	8	9
	0031	0042	(0043)	0074	0015		0117	03-0008	
	0051	0112	12-0233	0164	0045		03-0247		
		0232							

09-03-07

0	1	2	3	4	5	6	7	8	9
0030	0021		(0043)		0055				0039
0110	0041		(0053)		0075				0149
	0221		06-0193		0115				
			10-0043		08-0455				
					08-0615				
					11-0065				

07-09-26

0	1	2	3	4	5	6	7	8	9
		0022	0023	0024	02-0015		0037	0328	
		0242	(0053)	0504					
			0173						

Case 6:

> You decide from an interview with a caller that the service needed is physical therapy for the caller's wife, who has recently returned home from intensive hospital care for a stroke. The wife has fortunately regained much of her pre-morbid functions, but continuing physical therapy has been recommended for the next several months. Although the hospital is willing to continue her as an outpatient, it is some distance away from her home. The caller no longer drives a car, and the family resources are too limited for the visits to the hospital to be made by taxi.

Turning to the code card for physical therapy for stroke (see Figure 9), you determine that this service is available at a number of facilities in the community. You select from your special file the geographic card for the census tract in which the caller's home is located. In comparing the two cards, you determine the wife may be able to obtain physical therapy at a facility (0082) much closer to her home than the outpatient department of her former hospital. Further investigation reveals that this facility is on a busline that is very near her home. If it is not feasible for her to take the bus, the distance of traveling to get the needed service is much less than before, and the taxi-fare may now be within the means of the family.

You tell the caller what you have found out and offer to make an appointment for him. He declines the offer.

So you give the caller all the information he needs about the facility to contact it and arrange for the needed service for his wife.

FIGURE 9

Comparison of Facility Numbers for Case 6

17-54-47

0	1	2	3	4	5	6	7	8	9
0190	0011	0042	0183	0014		02-1016		0008	0789
	0121	(0082)		0564				0138	
	02-0171	0112		0784				0408	
	03-0101	10-1062						0588	
	11-0001								

Geocode
025-135-1475-

0	1	2	3	4	5	6	7	8	9
	0021	0012	0643			0006		0238	
	0041	(0082)							

CHAPTER 7: Conclusion

The basic linkage service of an I & R center has been discussed in this manual. By itself, information-giving can be very important. It will certainly help make many people in your community more aware of the services available to them, and it can go a long way toward making their lives healthier and happier. Referral adds yet another step to successful linkage between people and the services they need.

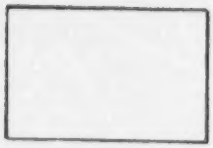
In addition, if records are properly kept, this basic I & R service can provide important statistical information about the kinds of problems people have and the extent of their occurrence, plus valuable information about the ability of the community to meet these needs. This, in fact, is what an I & R center is all about. It is a two-way street going from the community to the individual and from the individual to the community. For the people, it is an access point and an entryway to a large and complicated service network. For the community, it is a point at which to get feedback on how well it is meeting the needs of its people.

In some communities the basic information and referral service of the I & R center may seem sufficient; in others, more may be wanted and expected. In the latter case, follow-through, outreach, and escort can be added one by one as you and the center grow in experience and knowledge. In the other manuals in this series these components of service are described for those who can and want to add them to the basic work they have already begun in providing linkage between people and the services they need.

APPENDIX

Flow Chart on Giving I & R*

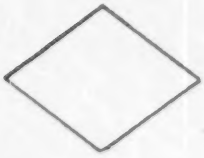
SYMBOLS USED



Processing or data gathering

Separating process

Document



Decision

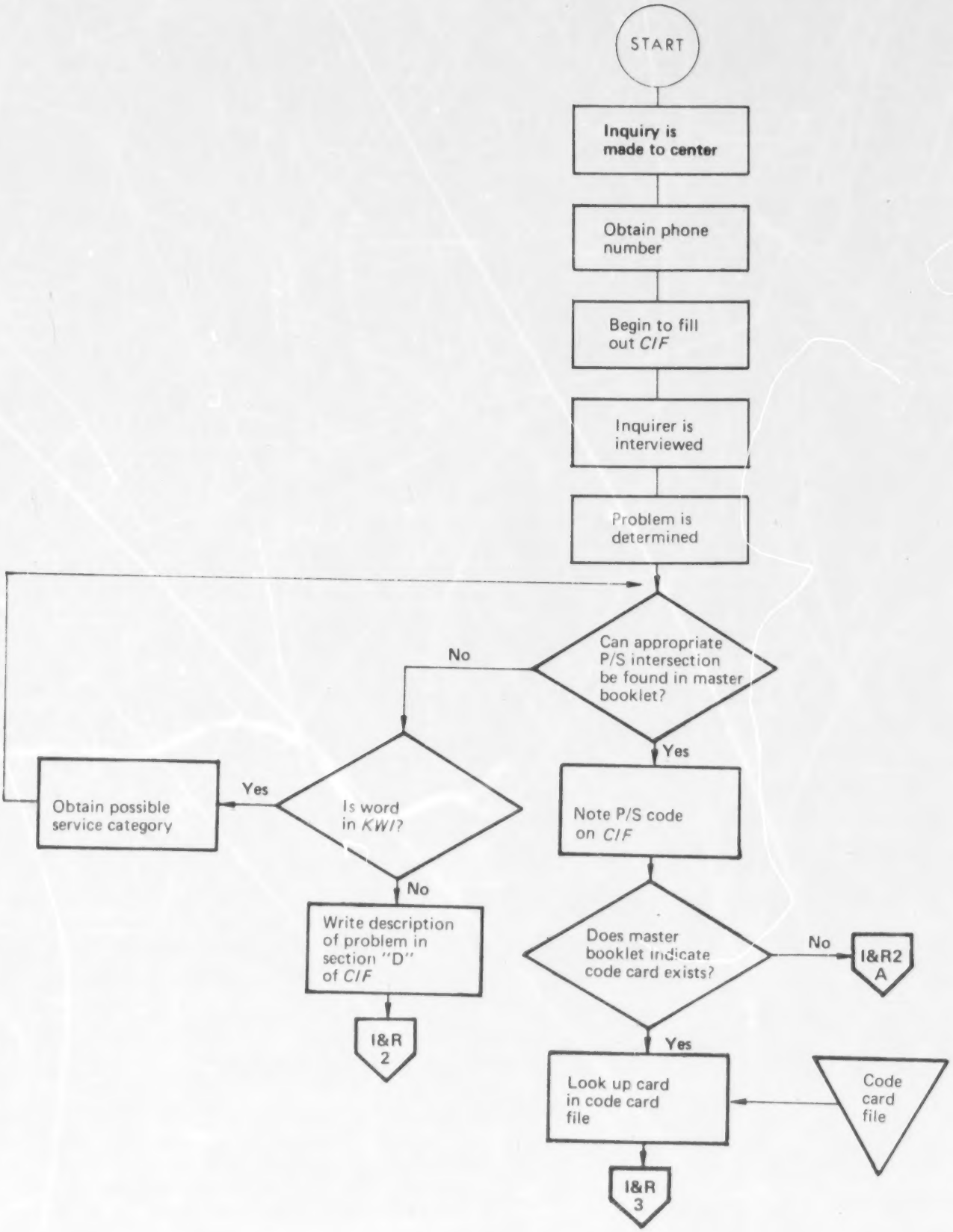
File

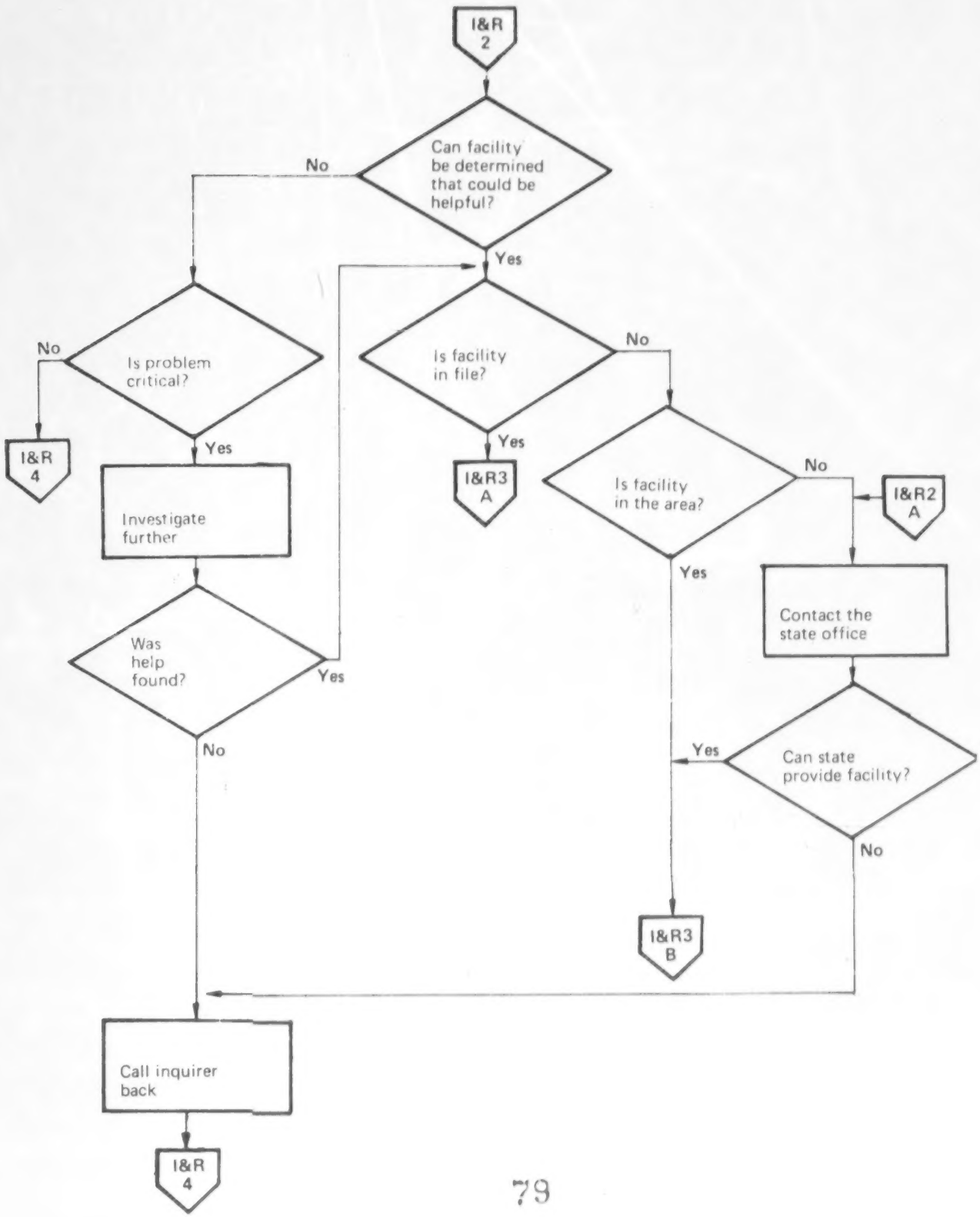
End

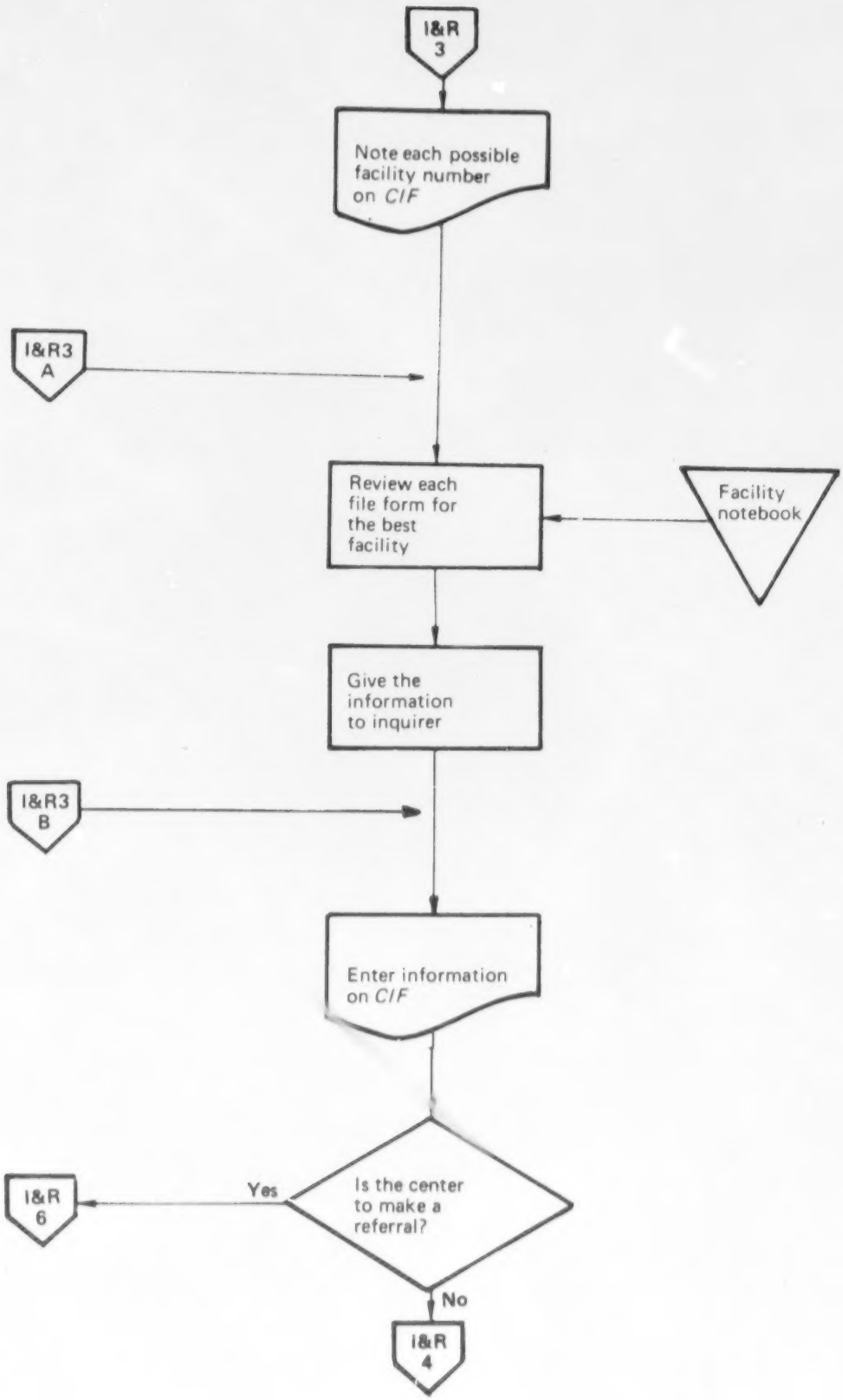
Off-page connector

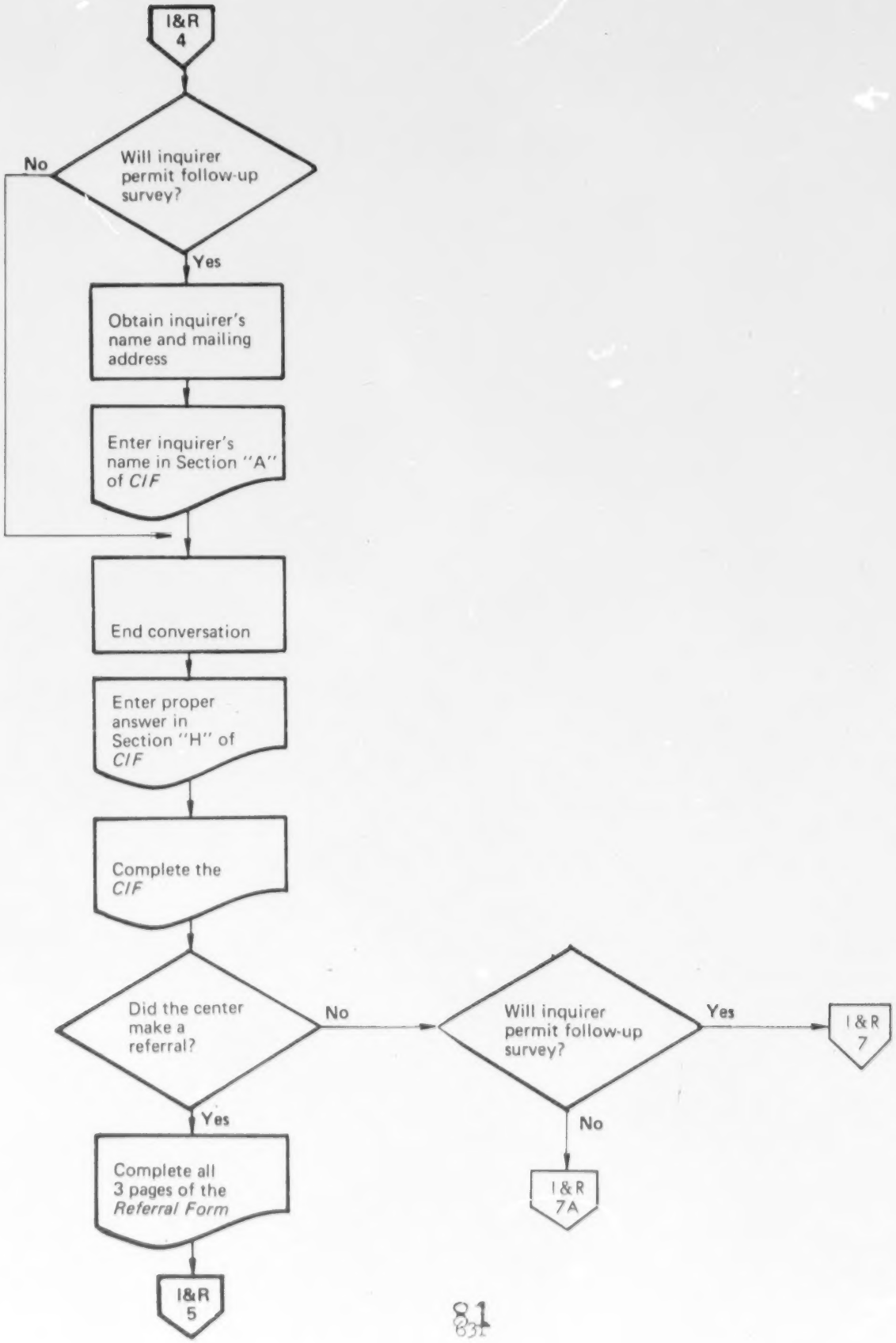
ABBREVIATIONS USED

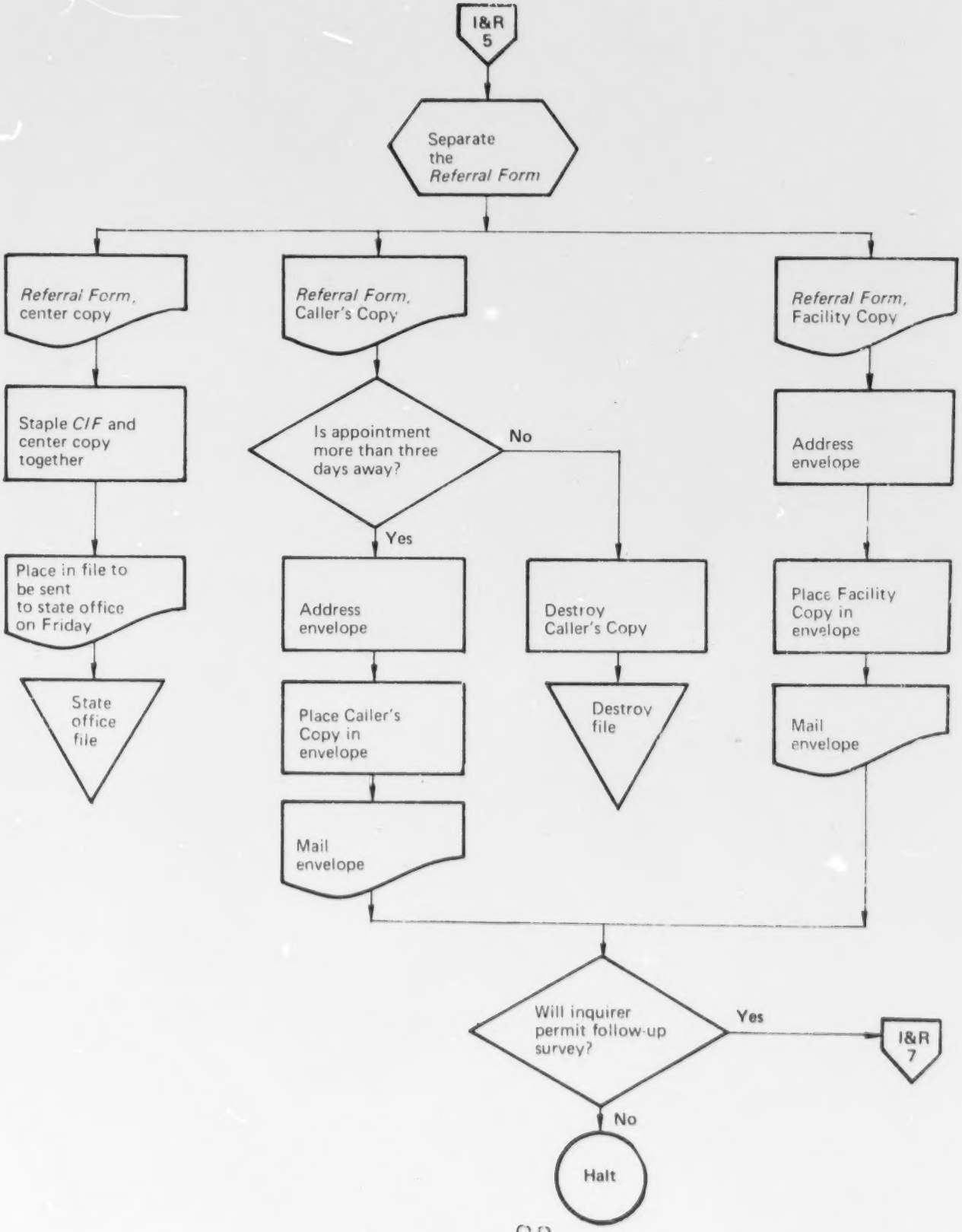
Caller Interview Form =	CIF
Key word index =	KWI
I & R User Survey =	I&RU

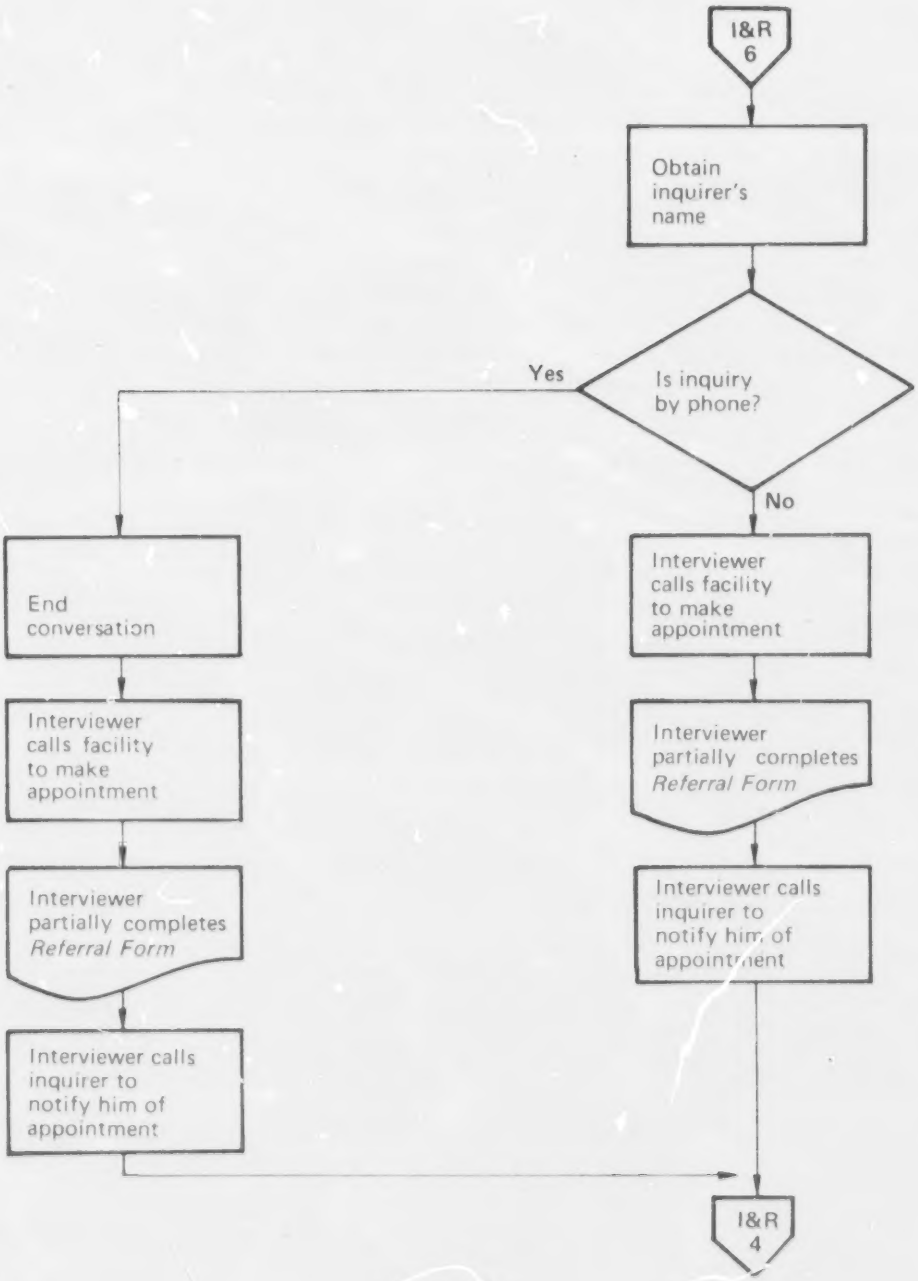

START
Inquiry is made to center
Obtain phone number
Begin to fill out CIF
Inquirer is interviewed
Problem is determined
Can appropriate P/S intersection be found in master booklet?
No
Yes
Note P/S code on CIF
Is word in KWI?
Yes
Obtain possible service category
No
Write description of problem in section "D" of CIF
I&R 2
Does master booklet indicate code card exists?
No
I&R2 A
Yes
Look up card in code card file
Code card file
I&R 3

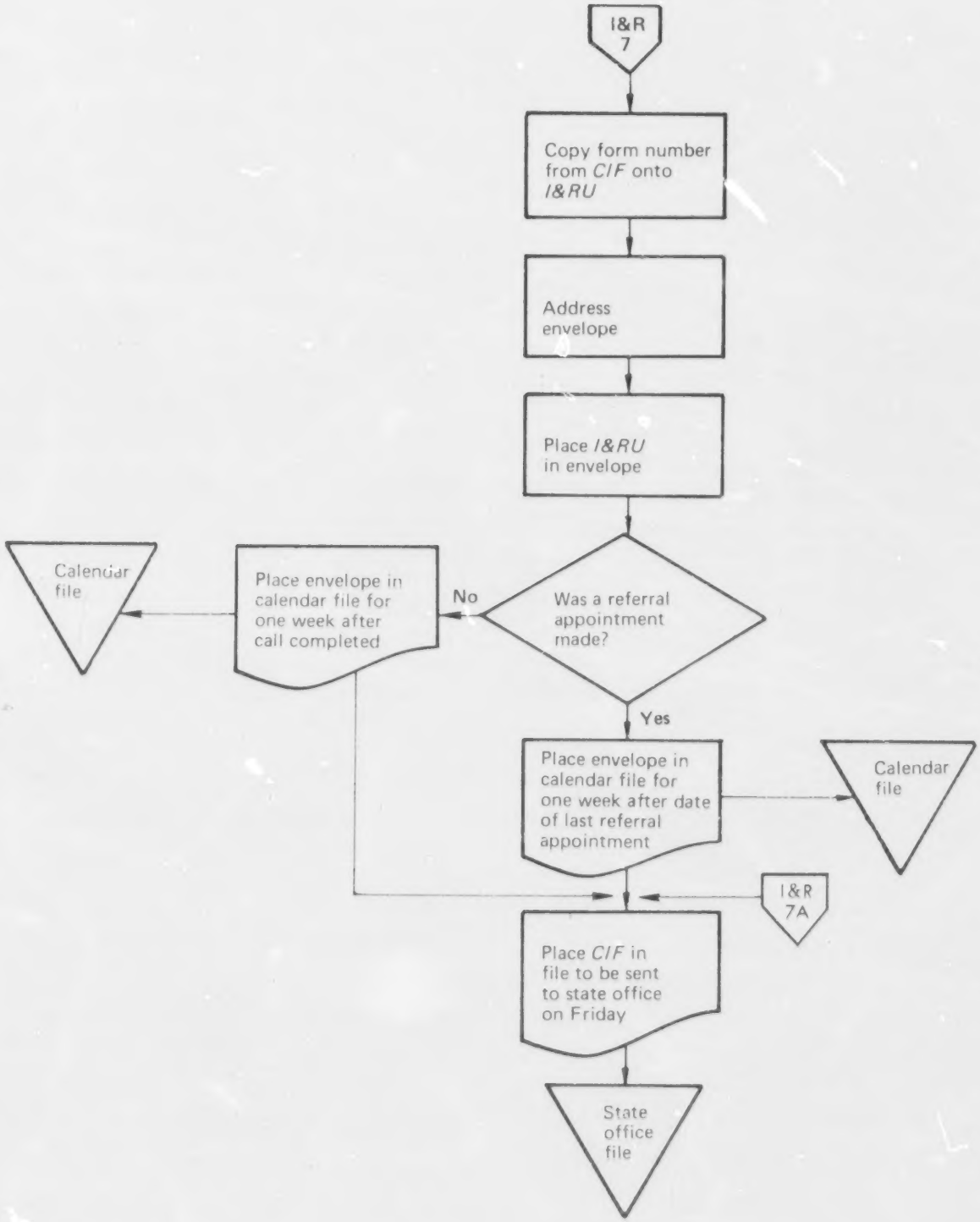

I&R 2
Can facility be determined that could be helpful?
No
Yes
Is problem critical?
No
Yes
I&R 4
Investigate further
Was help found?
Yes
No
Is facility in file?
No
Yes
I&R3 A
Is facility in the area?
No
I&R2 A
Yes
Contact the state office
Can state provide facility?
Yes
No
I&R3 B
Call inquirer back
I&R 4


I&R 3
Note each possible facility number on CIF
I&R3 A
Review each file form for the best facility
Facility notebook
Give the information to inquirer
I&R3 B
Enter information on CIF
Is the center to make a referral?
Yes
I&R 6
No
I&R 4


I&R 4
Will inquirer permit follow-up survey?
No
Yes
Obtain inquirer's name and mailing address
Enter inquirer's name in Section "A" of CIF
End conversation
Enter proper answer in Section "H" of CIF
Complete the CIF
Did the center make a referral?
No
Will inquirer permit follow-up survey?
Yes
I&R 7
No
I&R 7A
Yes
Complete all 3 pages of the Referral Form
I&R 5


I&R 5
Separate the *Referral Form*
Referral Form, center copy
Referral Form, Caller's Copy
Referral Form, Facility Copy
Staple *CIF* and center copy together
Is appointment more than three days away?
No
Yes
Address envelope
Place in file to be sent to state office on Friday
Address envelope
Destroy Caller's Copy
Place Facility Copy in envelope
State office file
Place Caller's Copy in envelope
Destroy file
Mail envelope
Mail envelope
Will inquirer permit follow-up survey?
Yes
I&R 7
No
Halt


I&R
6
Obtain
inquirer's
name
Is inquiry
by phone?
Yes
No
End
conversation
Interviewer
calls facility
to make
appointment
Interviewer
partially completes
Referral Form
Interviewer calls
inquirer to
notify him of
appointment
Interviewer
calls facility
to make
appointment
Interviewer
partially completes
Referral Form
Interviewer calls
inquirer to
notify him of
appointment
I&R
4


I&R 7
Copy form number from CIF onto I&RU
Address envelope
Place I&RU in envelope
Was a referral appointment made?
No
Place envelope in calendar file for one week after call completed
Calendar file
Yes
Place envelope in calendar file for one week after date of last referral appointment
Calendar file
I&R 7A
Place CIF in file to be sent to state office on Friday
State office file

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